

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF NAN HAYWORTH

ADDRESS (number and street)
▼

P.O. BOX 511

Check if different
than previously
reported. (ACC)

CHESTER

NY

10918

2. FEC IDENTIFICATION NUMBER ▼

C

C00466490

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NY

18

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the
State of

NY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the
State of

NY

5. Covering Period

M M / D D / Y Y Y Y

10 / 16 / 2014

Y Y Y Y

through

M M / D D / Y Y Y Y

11 / 24 / 2014

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRADLEY T. CRATE

Signature of Treasurer

BRADLEY T. CRATE

[Electronically Filed]

Date

M M / D D / Y Y Y Y

12 / 04 / 2014

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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Write or Type Committee Name

FRIENDS OF NAN HAYWORTH

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1224742.20	2859722.84
(b) Total Contribution Refunds (from Line 20(d))	21860.00	38885.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1202882.20	2820837.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1450958.06	3371974.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	16992.25
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1450958.06	3354982.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	182206.27	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1170319.48	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

FRIENDS OF NAN HAYWORTH

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		16		2014

To:

M M	/	D D	/	Y Y Y Y
11		24		2014

I. RECEIPTS
COLUMN A
 Total this Period

COLUMN B
 Election Cycle Total as of

M M	/	D D	/	Y Y Y Y
11		04		2014

 (date of general election)

COLUMN C
 Total for

M M	/	D D	/	Y Y Y Y
11		05		2014

 (date after general election)

through

M M	/	D D	/	Y Y Y Y
11		24		2014

 (last day of reporting period)
11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
- (i) Itemized (use Schedule A)

152150.00

1379060.91

0.00

(ii) Unitemized

12153.00

70098.39

50.00

(iii) Total of contributions from individuals

164303.00

1449159.30

50.00

(b) Political Party Committees

0.00

0.00

0.00

(c) Other Political Committees

53900.00

327014.43

0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
1006539.20	1083549.11	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
1224742.20	2859722.84	50.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
2477.84	18005.49	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	632060.84	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	632060.84	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	16992.25	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	51.09	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
1227220.04	3526832.51	50.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

FRIENDS OF NAN HAYWORTH

Report Covering the Period: From: / / 2014 To: / / 2014

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="1450958.06"/>	<input type="text" value="3371974.81"/>	<input type="text" value="21810.59"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="63500.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="63500.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="21860.00"/>	<input type="text" value="33885.00"/>	<input type="text" value="25.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
---	---	--

(c) Other Political Committees (such as PACs)

0.00

5000.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

21860.00

38885.00

25.00

21. OTHER DISBURSEMENTS

0.00

0.00

0.00

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

1472818.06

3474359.81

21835.59

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

1202882.20

2820837.84

25.00

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

1450958.06

3354982.56

21810.59

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

427804.29

1227220.04

1655024.33

1472818.06

182206.27

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. ACEPAC, INCMailing Address **245 RIVERSIDE AVE**
SUITE 200

City	State	Zip Code
JACKSONVILLE	FL	32202

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Transaction ID : SA11AI.19563

Amount of Each Receipt this Period

250.00

REFUNDED ON 12/1/2014

Full Name (Last, First, Middle Initial)

B. JUDITH B. ABELMailing Address **200 DIPLOMAT DRIVE**
5K

City	State	Zip Code
MOUNT KISCO	NY	10549

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

SELF

MUSICIAN/TEACHER

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2014

Transaction ID : SA11AI.19022

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. LISA K. ALFASIMailing Address **12 CRAWFORD DR**

City	State	Zip Code
TUCKAHOE	NY	10707

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2014

Transaction ID : SA11AI.19087

Amount of Each Receipt this Period

500.00**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**775.00**

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

MR. DALE ANDERSON

Mailing Address 927 WESTOVER ROAD

City

STAMFORD

State

CT

Zip Code

06902

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

Transaction ID : SA11AI.19289

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

LAUREN S. AXELROD

Mailing Address 2 EDEN HUNT PL

City

ARMONK

State

NY

Zip Code

10504

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11AI.18950

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

BARRY BAER

Mailing Address 5 SURREY LANE

City

NORTH SALEM

State

NY

Zip Code

10560

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHERN WESTCHESTER ANESTHESIOLOGIST

Occupation

ANESTHESIOLOGIST

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Transaction ID : SA11AI.19442

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1300.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

ALLISON BAMFORD**A.**

Mailing Address 133 NARROWS RD

City

BEDFORD HILLS

State

NY

Zip Code

10507

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19346

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

RON BARTON**B.**

Mailing Address 22 OLD MILL ROAD

City

WALLKILL

State

NY

Zip Code

12589

FEC ID number of contributing
federal political committee.

C

Name of Employer
BARTON CHEVROLET INCOccupation
AUTO DEALER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SA11AI.19023

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

ALAN BERKELEY**C.**

Mailing Address 11 COOPER ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU SCHOOL OF MEDICINEOccupation
PHYSICIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : SA11AI.18970

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

2250.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

RALPH BERNSTEIN**A.**

Mailing Address 235 BALDWIN ROAD

City

MOUNT KISCO

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICA'S TOWER PARTNERS

Occupation

FINANCIAL ADVISOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

Transaction ID : SA11AI.19231

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

WILLING L. BIDDLE**B.**

Mailing Address 53 ELMWOOD ROAD

City

SOUTH SALEM

State

NY

Zip Code

10590

FEC ID number of contributing
federal political committee.

C

Name of Employer

URSTADT BIDDLE PROPERTIES, INC.

Occupation

COMMERCIAL REAL ESTATE BROKER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19140

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MARY BOIES**C.**

Mailing Address 2 MIDDLE PATENT RD.

City

ARMONK

State

NY

Zip Code

10504-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOIES, SCHILLER & FLEXNER

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19124

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

3600.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

BRUCE BOND

A.

Mailing Address 44 BUTLER HILL ROAD

City

Somers

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

GARTNER

Occupation

BUSINESS EXECUTIVE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : SA11AI.19107

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

BRUCE BOND

B.

Mailing Address 44 BUTLER HILL ROAD

City

Somers

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

GARTNER

Occupation

BUSINESS EXECUTIVE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : SA11AI.19212

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

WALTER F. BOTTGER

C.

Mailing Address 21 EAST 87TH STREET 4-A

City

NEW YORK

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer

BERKMAN BOTTGER NEWMAN & RODD, LLP

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19136

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

850.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

MR. MARK J. BOTTINI

Mailing Address 19 REEN ROAD

City

NEW HAMBURG

State

NY

Zip Code

12590

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOTTINI FUEL

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2014

Transaction ID : SA11AI.19192

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

DR. JAMES BREEDEN

Mailing Address 1775 CHAPARRAL

City

CARSON CITY

State

NV

Zip Code

89703

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARSON MEDICAL GROUP

Occupation

OBSTETRICIAN-GYNECOLOGIST

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2014

Transaction ID : SA11AI.18999

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

DR. DAVID L. BRONSON

Mailing Address 70 OLD PLANK LANE

City

MORELAND HILLS

State

OH

Zip Code

44022

FEC ID number of contributing
federal political committee.

C

Name of Employer

CLEVELAND CLINIC

Occupation

PHYSICIAN/EXECUTIVE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19432

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

3250.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

ED BROWN

Mailing Address 805 59TH STREET

City

WEST DES MOINES

State

IA

Zip Code

50266

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE IOWA CLINIC

Occupation

CEO

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19424

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

JUDY BUKOSKY

Mailing Address 5302 SUMMERWOOD DRIVE

City

TEMPLE

State

TX

Zip Code

76502

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19455

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MICHAEL BUKOSKY

Mailing Address 5302 SUMMERWOOD DRIVE

City

TEMPLE

State

TX

Zip Code

76502

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19454

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

RICHARD BYRNE

A.

Mailing Address 71 OLD OSCALETA ROAD

City

SOUTH SALEM

State

NY

Zip Code

10590

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRADE ASSOCIATION MANAGEMENT

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SA11AI.19213

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

RICHARD BYRNE

B.

Mailing Address 71 OLD OSCALETA ROAD

City

SOUTH SALEM

State

NY

Zip Code

10590

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRADE ASSOCIATION MANAGEMENT

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SA11AI.19490

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

KEVIN CALLAGHAN

C.

Mailing Address 13 HASBROUCK DRIVE

City

POUGHKEEPSIE

State

NY

Zip Code

12603

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARIST COLLEGE

Occupation

PROFESSOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19477

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

JOHN CANONI

A.

Mailing Address 20 HIGH MEADOWS RD

City

MT KISCO

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SA11AI.19217

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

SUSAN CARLSON

B.

Mailing Address 620 GUARD HILL ROAD

City

BEDFORD

State

NY

Zip Code

10506

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INTERIOR DESIGNER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		01		2014

Transaction ID : SA11AI.19417

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

DR. EVA CHALAS

C.

Mailing Address 27 FRANKLIN COURT

City

GARDEN CITY

State

NY

Zip Code

11530

FEC ID number of contributing
federal political committee.

C

Name of Employer

WINTHROP UNIVERSITY HOSPITAL

Occupation

CHIEF, DIVISION OF GYNECOLOGIC ONCO

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SA11AI.19449

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

800.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

NICOLAS CHASE

A.

Mailing Address 32 STAPLETON COURT

City

MIDDLETOWN

State

NY

Zip Code

10940

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENTERGYOccupation
NUCLEAR PLANT OPERATOR

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		18		2014

Transaction ID : SA11AI.18979

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. BEN H CHEEK M.D.

B.

Mailing Address 1626 SUMMIT DR

City

COLUMBUS

State

GA

Zip Code

31906

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		04		2014

Transaction ID : SA11AI.19515

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

STEVEN CLEMENS

C.

Mailing Address 9 YORK ROAD

City

LARCHMONT

State

NY

Zip Code

10538

FEC ID number of contributing
federal political committee.

C

Name of Employer
KIRKLAND & ELLIS LLPOccupation
ATTORNEY

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SA11AI.18935

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

WAYNE COHEN**A.**

Mailing Address 25 DEEPWOOD RD

City

BEDFORD

State

NY

Zip Code

10506

FEC ID number of contributing
federal political committee.

C

Name of Employer
OZ MANAGEMENT LPOccupation
COO

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : SA11AI.19198

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JOSEPH A. COMERFORD**B.**

Mailing Address 1223 ROUTE 82

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2014

Transaction ID : SA11AI.19049

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

JOHN CONNOLLY**C.**

Mailing Address 42 WEST 24TH ST

City

NEW YORK

State

NY

Zip Code

10010

FEC ID number of contributing
federal political committee.

C

Name of Employer
CASTLE CONNOLLY MEDICAL LTD.Occupation
RESEARCH

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19336

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

475.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

FRANCIS CROSSON**A.**

Mailing Address 1491 HAMILTON AVENUE

City

PALO ALTO

State

CA

Zip Code

94301

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19452

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

ANTHONY DEUSENBERRY**B.**

Mailing Address 8720 EELPOT ROAD

City

NAPLES

State

NY

Zip Code

14512

FEC ID number of contributing
federal political committee.

C

Name of Employer

OTIS EASTERN SERVICE

Occupation

VP

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2014

Transaction ID : SA11AI.19503

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

WILLEM DE VOGEL**C.**

Mailing Address 115 CHARLIE HILL RD

City

MILLERTON

State

NY

Zip Code

12546

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11AI.18918

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3350.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

WILLEM DE VOGEL**A.**

Mailing Address 115 CHARLIE HILL RD

City

MILLERTON

State

NY

Zip Code

12546

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2014

Transaction ID : SA11AI.19048

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

ALAN DLUGASH**B.**

Mailing Address 622 3RD AVENUE

City

NEW YORK

State

NY

Zip Code

10017-6707

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALAN J DLUGASH LLC

Occupation

ACCOUNTANT

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19385

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

CARMEN R. DUBALDI JR.**C.**

Mailing Address P.O. BOX 4276

City

NEW WINDSOR

State

NY

Zip Code

12553

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19405

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1050.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

DAVID EDELSTEIN

A.

Mailing Address 180 EAST END AVENUE

City

NEW YORK

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19431

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

TERESA C. EGITTO

B.

Mailing Address 15 EMANS ROAD

City

LAGRANGEVILLE

State

NY

Zip Code

12540-6005

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUDSON VALLEY CENTER

Occupation

ADMINISTRATOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19157

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

PAUL ERNENWEIN

C.

Mailing Address 20 BREWER ROAD

City

NEWBURGH

State

NY

Zip Code

12550

FEC ID number of contributing
federal political committee.

C

Name of Employer

CMMR

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2014

Transaction ID : SA11AI.19420

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

MR. RICHARD FABBRO**A.**

Mailing Address 38 BRETTON ROAD

City

SCARSDALE

State

NY

Zip Code

10583-2762

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRETTON OAKS CAPITAL MANAGEMENT

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2014

Transaction ID : SA11AI.18996

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. RICHARD FABBRO**B.**

Mailing Address 38 BRETTON ROAD

City

SCARSDALE

State

NY

Zip Code

10583-2762

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRETTON OAKS CAPITAL MANAGEMENT

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19437

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MR. THOMAS G. FERRARA**C.**

Mailing Address P.O. BOX 366

38 WESTCHESTER AVE

City

POUND RIDGE

State

NY

Zip Code

10576

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2014

Transaction ID : SA11AI.19079

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

DAVID FIEDERLEIN

A.

Mailing Address 56 MAJESTIC RIDGE

City

CARMEL

State

NY

Zip Code

10512

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2014

Transaction ID : SA11AI.18986

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

J F FITZPATRICK

B.

Mailing Address 14 OLD ROAD LANE

City

MOUNT KISCO

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Transaction ID : SA11AI.19488

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

WILBUR FOSTER

C.

Mailing Address 322 AVERY ROAD

City

GARRISON

State

NY

Zip Code

10524

FEC ID number of contributing
federal political committee.

C

Name of Employer

MILBANK TWEED

Occupation

LAWYER

Receipt For: 2010

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

6200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19184

Amount of Each Receipt this Period

1000.00

DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1550.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

LAWRENCE FOX**A.**

Mailing Address 11 TRICIA BLVD

City

HIGHLAND

State

NY

Zip Code

12528

FEC ID number of contributing
federal political committee.

C

Name of Employer

MID HUDSON MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19451

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

ALFRED FROEBRICH**B.**

Mailing Address 4 ELLEN CT.

City

CROTON ON HUDSON

State

NY

Zip Code

10520

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : SA11AI.19111

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

LAWRENCE FRYER**C.**

Mailing Address FRYER MACHINE SYSTEMS

City

PATTERSON

State

NY

Zip Code

12563

FEC ID number of contributing
federal political committee.

C

Name of Employer

FRYER MACHINE SYSTEMS

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2014

Transaction ID : SA11AI.19011

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1050.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

HENRY R. GALLER**A.**

Mailing Address 5 MERCURY AVENUE

City

MONROE

State

NY

Zip Code

10950-5226

FEC ID number of contributing
federal political committee.

C

Name of Employer
HENRY'S ATTIC, INC.Occupation
EXECUTIVE

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

Transaction ID : SA11AI.19311

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

THOMAS GELLHAUS**B.**

Mailing Address 906 TAMARACK TRAIL

City

IOWA CITY

State

IA

Zip Code

52245

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF IOWA HOSPITALS AND CLINOccupation
PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19481

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JAMES GERARD**C.**

Mailing Address 515 EAST 72ND STREET

City

NEW YORK

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTH SEA PARTNERSOccupation
INVESTMENTS

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : SA11AI.19209

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

MICHAEL GERSTNER**A.**

Mailing Address 20 DESBROSSES STREET

City

NEW YORK

State

NY

Zip Code

10013

FEC ID number of contributing
federal political committee.

C

Name of Employer
MSDC MANAGEMENT, L.P.Occupation
INVESTOR

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : SA11AI.19225

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

ANTHONY GIORDANO**B.**

Mailing Address 672 OLD POST ROAD

City

BEDFORD

State

NY

Zip Code

10506

FEC ID number of contributing
federal political committee.

C

Name of Employer
ELM STREET PARTNERS, LLCOccupation
REAL ESTATE INVESTOR

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19153

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

LOUIS GIORDANO**C.**

Mailing Address 1135 BRIDGE POINTE LANE

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598

FEC ID number of contributing
federal political committee.

C

Name of Employer
CROTON AUTO PARKOccupation
PRESIDENT

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

Transaction ID : SA11AI.19095

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

LOUIS GIORDANO**A.**

Mailing Address 1135 BRIDGE POINTE LANE

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598

FEC ID number of contributing
federal political committee.

C

Name of Employer
CROTON AUTO PARKOccupation
PRESIDENT

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19344

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

RONALD M. GLASSMAN**B.**Mailing Address 185 CEDAR LANE
#L4

City

TEANECK

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
GLASSMAN EYE ASSOCIATESOccupation
OPHTHALMOLOGIST

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19128

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

PATRICIA GONDOLFO**C.**

Mailing Address 753 BOSTON POST RD

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADVANCED RADIOLOGYOccupation
CAO

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2014

Transaction ID : SA11AI.19505

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

DR. AMEET GOYAL**A.**

Mailing Address 5 MOUNT HOLLY DRIVE

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMEET GOYAL, M.D., P.C.

Occupation

PLASTIC SURGEON

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19339

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

ALLISON GRAVES**B.**

Mailing Address 2311 CONNECTICUT AVENUE, N.W., #40

City

WASHINGTON

State

DC

Zip Code

20008

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENTERGY SERVICES, INC.

Occupation

GOVT. RELATIONS

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SA11AI.19439

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

ANN GRIFFIN**C.**

Mailing Address 143 RUXTON ROAD

City

MOUNT KISCO

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERIPRISE FINANCIAL

Occupation

FINANCIAL ADVISOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SA11AI.19013

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

950.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

RAJAN GULATI

Mailing Address 111 MALTESE DRIVE

City

MIDDLETOWN

State

NY

Zip Code

10940

FEC ID number of contributing
federal political committee.

C

Name of Employer

MIDDLETOWN MEDICAL, P.C.

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2014

Transaction ID : SA11AI.19290

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

DR. OLEG GUTNIK

Mailing Address 93 MIDDLE LINE HIGHWAY

City

SOUTHAMPTON

State

NY

Zip Code

11968

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

Transaction ID : SA11AI.19270

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR. WILLIAM P. HARRINGTON

Mailing Address 36 DANN FARM RD

City

POUND RIDGE

State

NY

Zip Code

10576

FEC ID number of contributing
federal political committee.

C

Name of Employer

BLEAKLEY PLATT

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA11AI.19082

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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PAGE 29 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

PETER B. HENNESSY

A.

Mailing Address 56 INDIAN HILL ROAD

City

BEDFORD

State

NY

Zip Code

10506

FEC ID number of contributing
federal political committee.

C

Name of Employer

CASSIDY TURLEY

Occupation

REAL ESTATE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11Al.19130

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

PETER B. HENNESSY

B.

Mailing Address 56 INDIAN HILL ROAD

City

BEDFORD

State

NY

Zip Code

10506

FEC ID number of contributing
federal political committee.

C

Name of Employer

CASSIDY TURLEY

Occupation

REAL ESTATE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11Al.19132

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

PETER B. HENNESSY

C.

Mailing Address 56 INDIAN HILL ROAD

City

BEDFORD

State

NY

Zip Code

10506

FEC ID number of contributing
federal political committee.

C

Name of Employer

CASSIDY TURLEY

Occupation

REAL ESTATE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

4500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : SA11Al.19195

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

MARTHA G. HENNIG**A.**

Mailing Address P.O. BOX 660

City

BEDFORD

State

NY

Zip Code

10506

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		01		2014

Transaction ID : SA11AI.19419

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

ANDREA HERRON**B.**

Mailing Address 100 S. BEDFORD ROAD

City

MOUNT KISCO

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEDFORD OAKS ADVISOR, LLC

Occupation

CEO

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : SA11AI.19101

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

MICHAEL HERSON**C.**

Mailing Address 8709 BURNING TREE ROAD

City

BETHESDA

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN DEFENSE INTERNATIONAL

Occupation

GOVT. AFFAIRS CONSULTING

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : SA11AI.19047

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

JOHN DAVID HERVEY

A.

Mailing Address 433 JAY STREET

City

KATONAH

State

NY

Zip Code

10536

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : SA11AI.19098

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

WILLIAM HOTALING

B.

Mailing Address 125 QUASSAICK AVENUE

City

NEW WINDSOR

State

NY

Zip Code

12553

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA11AI.19053

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JEFFREY HUTH

C.

Mailing Address 140 SHAGBARK LANE

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOEHRINGER INGELHEIM PHARMACEUTICA

Occupation

MANAGER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2014

Transaction ID : SA11AI.19411

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

MICHAEL ISRAEL**A.**

Mailing Address 51 LLOYD LN

City

LLOYD HARBOR

State

NY

Zip Code

11743-9780

FEC ID number of contributing
federal political committee.

C

Name of Employer

WESTCHESTER MEDICAL CENTER

Occupation

PRESIDENT AND CEO

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19129

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MICHAEL ISRAEL**B.**

Mailing Address 51 LLOYD LN

City

LLOYD HARBOR

State

NY

Zip Code

11743-9780

FEC ID number of contributing
federal political committee.

C

Name of Employer

WESTCHESTER MEDICAL CENTER

Occupation

PRESIDENT AND CEO

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19131

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MICHAEL JACKSON**C.**

Mailing Address P.O.BOX 795

City

ANDOVER

State

NY

Zip Code

14806

FEC ID number of contributing
federal political committee.

C

Name of Employer

OTIS EASTERN LLC

Occupation

LAND MANAGER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SA11AI.19447

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

3100.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

JAN L. JANSEN

Mailing Address 161 GLENMERE AVENUE

City

FLORIDA

State

NY

Zip Code

10921-1205

FEC ID number of contributing
federal political committee.

C

Name of Employer

WARWICK REPUBLICAN COMMITTEE

Occupation

CHAIRMAN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SA11AI.18952

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

LYDIA JEFFRIES

Mailing Address 21 WILSON LANE

City

FAIRVIEW

State

NC

Zip Code

28730-9564

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASHEVILLE WOMEN'S MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19350

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

SUSAN JENSEN GAGLIARDI

Mailing Address 145 HOLMES ROAD

City

NEWBURGH

State

NY

Zip Code

12550

FEC ID number of contributing
federal political committee.

C

Name of Employer

HORIZON FAMILY MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19345

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1025.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

PAUL JOHNSON**A.**

Mailing Address 19 BRADFORD COURT

City

BREWSTER

State

NY

Zip Code

10509

FEC ID number of contributing
federal political committee.

C

Name of Employer

VERIZON

Occupation

DIRECTOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : SA11AI.19109

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

REBECCA JOHNSON**B.**

Mailing Address P.O. BOX 257

City

PARKER

State

KS

Zip Code

66072

FEC ID number of contributing
federal political committee.

C

Name of Employer

M A E RESOURCES, INC.

Occupation

PARTNER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

Transaction ID : SA11AI.19554

Amount of Each Receipt this Period

500.00

EARMARKED THROUGH MAGGIE'S LIST CONDUIT
RECEIVED 10/30/2014

Full Name (Last, First, Middle Initial)

MR. CHARLES M JOYCE**C.**

Mailing Address P.O. BOX 461

City

WELLSVILLE

State

NY

Zip Code

14895

FEC ID number of contributing
federal political committee.

C

Name of Employer

OTIS EASTERN SERVICE, LLC

Occupation

SUPERINTENDENT

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2014

Transaction ID : SA11AI.19521

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3150.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 35 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

TIM JOYCE**A.**

Mailing Address 37 SEMINARY ROAD

City

BEDFORD

State

NY

Zip Code

10506

FEC ID number of contributing
federal political committee.

C

Name of Employer
FERGUSON COHENOccupation
ATTORNEY

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JEAN M. KEARNEY**B.**

Mailing Address 51 AVERILL DRIVE

City

MAHOPAC

State

NY

Zip Code

10541

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : SA11AI.19264

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

JEFFREY KELLER**C.**

Mailing Address 30 GEDNEY WAY

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
MOUNT KISCO MEDICAL GROUPOccupation
OTOLARYNGOLOGIST

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SA11AI.18926

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 36 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

NANCY KESKULA

A.

Mailing Address 446 RILEY RD

City

NEW WINDSOR

State

NY

Zip Code

12553

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SA11AI.19440

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

SUNIL KHURANA

B.

Mailing Address 54 RYMPH ROAD

City

LAGRANGEVILLE

State

NY

Zip Code

12540

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : SA11AI.19306

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

JOHN KILGALLON

C.

Mailing Address 121 BUXTON ROAD

City

Bedford Hills

State

NY

Zip Code

10507

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAIN CAPITAL, LLC

Occupation

CAPITAL MARKETS

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : SA11AI.19046

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

GARY KILLIAN

A.

Mailing Address 42 FOREST AVE

City

RYE

State

NY

Zip Code

10580-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

Transaction ID : SA11AI.19032

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

CLARENCE KING

B.

Mailing Address 13562 BRAEMAR DRIVE

City

DALLAS

State

TX

Zip Code

75234

FEC ID number of contributing
federal political committee.

C

Name of Employer

AETNA

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2014

Transaction ID : SA11AI.19412

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

BRUCE A. KOLKMANN

C.

Mailing Address 37 E. HUDSON HARBOUR DRIVE

City

POUGHKEEPSIE

State

NY

Zip Code

12601-5379

FEC ID number of contributing
federal political committee.

C

Name of Employer

RAYMOND OPTICIANS, INC.

Occupation

OPTICIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Transaction ID : SA11AI.19486

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1450.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

STEVEN W. KRAUS

Mailing Address 34 SCENIC RIDGE DRIVE

City

BREWSTER

State

NY

Zip Code

10509

FEC ID number of contributing
federal political committee.

C

Name of Employer

BROWN GRUTTADARO GAUJEAN PRATO

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Transaction ID : SA11AI.19029

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. KIERAN M. LALOR

Mailing Address 7 ARBOR WAY

City

PEEKSKILL

State

NY

Zip Code

10566

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : SA11AI.19089

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

THOMAS LANSEN

Mailing Address 164 17TH AV. S

City

NAPLES

State

FL

Zip Code

34102

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SA11AI.19204

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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PAGE 39 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

DEBORAH LAPERCH**A.**

Mailing Address 17 SHOSHONE DRIVE

City

KATONAH

State

NY

Zip Code

10536

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : SA11AI.18968

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

CLOYD LAPORTE**B.**

Mailing Address 662 GIPSY TRAIL ROAD

City

CARMEL

State

NY

Zip Code

10512

FEC ID number of contributing
federal political committee.

C

Name of Employer

DRYSTONE CAPITAL CORP.

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19162

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. KEVIN S. LEE**C.**

Mailing Address 103 SANDY PINES BLVD.

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : SA11AI.19300

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

750.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

DR. STEPHEN LEONARD

Mailing Address 7260 CHATTAHOOCHEE BLUFF DRIVE

City

ATLANTA

State

GA

Zip Code

30350

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2014

Transaction ID : SA11AI.18974

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MR. RYAN EDWIN LESH

Mailing Address 7423 S BROADWAY

City

RED HOOK

State

NY

Zip Code

12571

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

Transaction ID : SA11AI.19304

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

DR. CECILY A. LESKO

Mailing Address 1005 CLIFTON AVE.

City

CLIFTON

State

NJ

Zip Code

07013

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH JERSEY EYE ASSOCIATES

Occupation

RETINA SURGEON

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA11AI.19045

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

850.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

PATRICIA LEVINE**A.**

Mailing Address 20 LARCH COURT

City

FISHKILL

State

NY

Zip Code

12524

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11Al.19187

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

DR. JEROME LEVY**B.**

Mailing Address 1101 PELHAM PARKWAY NORTH

City

BRONX

State

NY

Zip Code

10469

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEW YORK EYE SURGERY CENTER

Occupation

OPHTHALMOLOGIST

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SA11Al.19489

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

PETER LEVY**C.**

Mailing Address 18 MAYFAIR LANE

City

GREENWICH

State

CT

Zip Code

06831-3640

FEC ID number of contributing
federal political committee.

C

Name of Employer

KAMBER MANAGEMENT COMPANY LLC

Occupation

REAL ESTATE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SA11Al.19445

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

PAUL LINTHORST

Mailing Address 19 HUNTWOOD PLACE

City

MOUNT VERNON

State

NY

Zip Code

10552

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

MANAGEMENT CONSULTANT

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19143

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

ARNOLD LISIO

Mailing Address 1112 PARK AVE APT 3B

City

NEW YORK

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SA11AI.18923

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. FRANK T. LOMBARDO

Mailing Address 22 HILEE ROAD

City

RHINEBECK

State

NY

Zip Code

12572

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : SA11AI.19314

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 43 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

GEORGE A. LONG

A.

Mailing Address 14 LOWER SHAD ROAD

City

POUND RIDGE

State

NY

Zip Code

10576

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

7000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19373

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

WARREN J. LUCAS

B.

Mailing Address 668 TITICUS ROAD

City

NORTH SALEM

State

NY

Zip Code

10560

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOWN OF NORTH SALEM

Occupation

SUPERVISOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : SA11AI.18961

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

WARREN J. LUCAS

C.

Mailing Address 668 TITICUS ROAD

City

NORTH SALEM

State

NY

Zip Code

10560

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOWN OF NORTH SALEM

Occupation

SUPERVISOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19148

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 44 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

MAGGIE'S LIST

Mailing Address 6675 WEEPING WILLOW WAY

City

TALLAHASSEE

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C C00469023

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3530.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

Transaction ID : SA11AI.19604

Amount of Each Receipt this Period

530.00

TOTAL EARMARKED THROUGH CONDUIT; PAC
LIMIT NOT AFFECTED
[MEMO ITEM]

Full Name (Last, First, Middle Initial)

MORRIS MARK

Mailing Address 625 PARK AVENUE

City

NEW YORK

State

NY

Zip Code

10065-8029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

MARK ASSET MANAGEMENT CORPORATION

PRESIDENT

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19473

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MS. GLORIA A. MARWELL

Mailing Address 30 SHERWOOD AVE

City

GREENWICH

State

CT

Zip Code

06831

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2014

Transaction ID : SA11AI.19075

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

750.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 45 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

MR. JOHN MASCIA M.D.

A.

Mailing Address 15 ATHENIAN LANE

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : SA11AI.19296

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

DOROTHEA E. MATTHEWS

B.

Mailing Address 303 PAR DRIVE

City

WILLIAMSBURG

State

VA

Zip Code

23188

FEC ID number of contributing
federal political committee.

C

Name of Employer

CREDIT SIGHTS, INC.

Occupation

SECURITIES ANALYST

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19390

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

ROBERT MAZE

C.

Mailing Address P. O. BOX 125

City

MONTEBELLO

State

VA

Zip Code

24464

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARINETICS, INC.

Occupation

BIOLOGIST

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19367

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

3100.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 46 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

CARLYN MCCAFFREY**A.**

Mailing Address 22 PERCH BAY ROAD

City

WACCABUC

State

NY

Zip Code

10597

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCDERMOTT, WILL & EMERY LLP

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA11AI.19043

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

BARBARA MCKINNON**B.**

Mailing Address 2 STONYGATE OVAL

City

NEW ROCHELLE

State

NY

Zip Code

10804

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19338

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

STEPHEN MCLEAN**C.**

Mailing Address 705 HIGH MOUNTAIN ROAD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARSENAL CAPITAL PARTNERS

Occupation

PARTNER

Receipt For: 2010

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

7200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

Transaction ID : SA11AI.19240

Amount of Each Receipt this Period

2000.00

DEBT RETIREMENT

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 47 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

ANN MCMACKIN

Mailing Address 70 COUNTRY CLUB LANE

City

BELMONT

State

MA

Zip Code

02478

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19123

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

PETER MCQUILLAN

Mailing Address P.O. BOX 657

City

CROSS RIVER

State

NY

Zip Code

10518

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : SA11AI.19110

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

PETER MCQUILLAN

Mailing Address P.O. BOX 657

City

CROSS RIVER

State

NY

Zip Code

10518

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : SA11AI.19224

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 48 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

MR. STEPHEN MEYERS**A.**

Mailing Address 2 WHITLOCK CT

City

SOMERS

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOULIHAN LAWRENCE INC

Occupation

BUSINESS MANAGEMENT

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19389

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

ROWLAND MILAM**B.**

Mailing Address 1828 VENETIAN POINT DRIVE

City

CLEARWATER

State

FL

Zip Code

33755

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARKER 18 LLC

Occupation

SALES & MARKETING

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

Transaction ID : SA11AI.19028

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MS. KATHLEEN M. MILAZZO**C.**

Mailing Address 22 REDWOOD DRIVE

City

SOMERS

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

Transaction ID : SA11AI.19263

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 49 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

ANDREW MILLER JR.

Mailing Address 30 BURTON HILLS BLVD.

City

NASHVILLE

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTHMARK VENTURES LLC

Occupation

PRIVATE INVESTOR

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19328

Amount of Each Receipt this Period

5200.00

SEE REDESIGNATION BELOW

Full Name (Last, First, Middle Initial)

ANDREW MILLER JR.

Mailing Address 30 BURTON HILLS BLVD.

City

NASHVILLE

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTHMARK VENTURES LLC

Occupation

PRIVATE INVESTOR

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

12400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19328.0

Amount of Each Receipt this Period

-2600.00

SEE REDESIGNATION BELOW

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

ANDREW MILLER JR.

Mailing Address 30 BURTON HILLS BLVD.

City

NASHVILLE

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTHMARK VENTURES LLC

Occupation

PRIVATE INVESTOR

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

14900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19328.1

Amount of Each Receipt this Period

2500.00

REDESIGNATED: DEBT RETIREMENT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5200.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 50 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

ANDREW MILLER JR.**A.**

Mailing Address 30 BURTON HILLS BLVD.

City

NASHVILLE

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTHMARK VENTURES LLC

Occupation

PRIVATE INVESTOR

Receipt For: 2010

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19328.2

Amount of Each Receipt this Period

100.00

REDESIGNATED: DEBT RETIREMENT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

ANDREW MILLER JR.**B.**

Mailing Address 30 BURTON HILLS BLVD.

City

NASHVILLE

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTHMARK VENTURES LLC

Occupation

PRIVATE INVESTOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19348

Amount of Each Receipt this Period

9800.00

SEE REDESIGNATION BELOW; EXCESS OF \$5,100
REFUNDED ON 11/3/2014

Full Name (Last, First, Middle Initial)

ANDREW MILLER JR.**C.**

Mailing Address 30 BURTON HILLS BLVD.

City

NASHVILLE

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTHMARK VENTURES LLC

Occupation

PRIVATE INVESTOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

10300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19348.0

Amount of Each Receipt this Period

-4700.00

SEE REDESIGNATION BELOW

[MEMO ITEM]**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

9800.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

ANDREW MILLER JR.

Mailing Address 30 BURTON HILLS BLVD.

City

NASHVILLE

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTHMARK VENTURES LLC

Occupation

PRIVATE INVESTOR

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

12600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19348.1

Amount of Each Receipt this Period

2300.00

REDESIGNATED: DEBT RETIREMENT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

ANDREW MILLER JR.

Mailing Address 30 BURTON HILLS BLVD.

City

NASHVILLE

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTHMARK VENTURES LLC

Occupation

PRIVATE INVESTOR

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19348.2

Amount of Each Receipt this Period

2400.00

REDESIGNATED: DEBT RETIREMENT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

CORBIN MILLER

Mailing Address 1165 5TH AVENUE

City

NEW YORK

State

NY

Zip Code

10029

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19349

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 52 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

CORBIN MILLER

A.

Mailing Address 1165 5TH AVENUE

City

NEW YORK

State

NY

Zip Code

10029

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SA11AI.19438

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

HENRY MILLER

B.

Mailing Address 85 ROUND HILL RD

City

GREENWICH

State

CT

Zip Code

06831

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARBLEGATE ASSET MANAGEMENT

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Transaction ID : SA11AI.19034

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MICHAEL MILLETTE

C.

Mailing Address 80 RIDGE ROAD

City

NEW ROCHELLE

State

NY

Zip Code

10804

FEC ID number of contributing
federal political committee.

C

Name of Employer

GOLDMAN, SACHS & CO

Occupation

BANKER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Transaction ID : SA11AI.19033

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 53 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

DAVIS MOORE

A.

Mailing Address 1815 VIA VISALIA

City

PALOS VERDES

State

CA

Zip Code

90274

FEC ID number of contributing
federal political committee.

C

Name of Employer
WORLDWIDEOccupation
INSURANCE

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		19		2014

Transaction ID : SA11AI.19002

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MR. ANTHONY MORMILE

B.

Mailing Address 20 BEEKMAN AVE

City

CROTON ON HUDSON

State

NY

Zip Code

10520

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOMPKINS MAHOPAC BANK

Occupation
BANKER

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : SA11AI.19073

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

ANDREW MORRIS

C.

Mailing Address 4 BERNADETTE WAY

City

WASHINGTONVILLE

State

NY

Zip Code

10992

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation
RETIRED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : SA11AI.19108

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1275.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 54 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

ANDREW MORRIS

A.

Mailing Address 4 BERNADETTE WAY

City

WASHINGTONVILLE

State

NY

Zip Code

10992

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19463

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

BRIAN MURPHY

B.

Mailing Address 11 PRESWICK DRIVE

City

MONROE

State

NY

Zip Code

10950

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2014

Transaction ID : SA11AI.18993

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

ANTOINETTE NIGRO

C.

Mailing Address 1581 OVERHILL STREET

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19127

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

325.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 55 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

ANTOINETTE NIGRO

Mailing Address 1581 OVERHILL STREET

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Transaction ID : SA11AI.19444

Amount of Each Receipt this Period

250.00

B. NORTH AMERICAN PARTNERS IN ANESTHESIA, LLP

Full Name (Last, First, Middle Initial)

NORTH AMERICAN PARTNERS IN ANESTHESIA, LLPMailing Address 68 SOUTH SERVICE ROAD
SUITE 350

City

MELVILLE

State

NY

Zip Code

11747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

Transaction ID : SA11AI.19376

Amount of Each Receipt this Period

5000.00

PERMISSIBLE FUNDS: SEE MEMO ATTRIBUTIONS

C. WAYNE NUSSBICKEL

Full Name (Last, First, Middle Initial)

WAYNE NUSSBICKEL

Mailing Address 3596 ROUTE 82

City

MILLBROOK

State

NY

Zip Code

12545

FEC ID number of contributing
federal political committee.

C

Name of Employer

N&S SUPPLY

Occupation

PARTNER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2014

Transaction ID : SA11AI.18995

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

5750.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 56 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. DR. JERRY PENSO

Mailing Address 400 MADISON ST.

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN MEDICAL GROUP ASSOCIATION

Occupation

CHIEF MEDICAL OFFICER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11AI.18914

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. WILLIAM PITTS

Mailing Address 1 GRANT DRIVE

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing
federal political committee.

C

Name of Employer

JPMORGAN

Occupation

BANKER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19329

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MICHAEL R. POTACK

Mailing Address 25 HARVEST DR

City

SCARSDALE

State

NY

Zip Code

10583-7546

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTERLIGHT HEALTH SYSTEM

Occupation

CHAIRMAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11AI.18924

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 57 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. APRIL POWERS

Mailing Address 630 N. WYMORE RD

City

MAITLAND

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

QMEDRX, INC

Occupation

ACCOUNT MANAGER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

12400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2014

Transaction ID : SA11Al.19453

Amount of Each Receipt this Period

12400.00

SEE REDESIGNATION BELOW; EXCESS OF \$2,500
REFUNDED ON 11/3/2014

Full Name (Last, First, Middle Initial)

B. APRIL POWERS

Mailing Address 630 N. WYMORE RD

City

MAITLAND

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

QMEDRX, INC

Occupation

ACCOUNT MANAGER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2014

Transaction ID : SA11Al.19453.0

Amount of Each Receipt this Period

-7300.00

SEE REDESIGNATION BELOW

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. APRIL POWERS

Mailing Address 630 N. WYMORE RD

City

MAITLAND

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

QMEDRX, INC

Occupation

ACCOUNT MANAGER

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

7600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2014

Transaction ID : SA11Al.19453.1

Amount of Each Receipt this Period

2500.00

REDESIGNATION: DEBT RETIREMENT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

12400.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 58 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. APRIL POWERS

Mailing Address 630 N. WYMORE RD

City

MAITLAND

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

QMEDRX, INC

Occupation

ACCOUNT MANAGER

Receipt For: 2010

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19453.2

Amount of Each Receipt this Period

2400.00

REDESIGNATION: DEBT RETIREMENT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. APRIL POWERS

Mailing Address 630 N. WYMORE RD

City

MAITLAND

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

QMEDRX, INC

Occupation

ACCOUNT MANAGER

Receipt For: 2010

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

12400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19453.3

Amount of Each Receipt this Period

2400.00

REDESIGNATION: DEBT RETIREMENT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. KEVIN POWERS

Mailing Address 630 N WYMORE RD

City

MAITLAND

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

QMEDRX, INC

Occupation

CEO

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

12400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19426

Amount of Each Receipt this Period

12400.00

SEE REDESIGNATION BELOW; EXCESS OF \$2,500
REFUNDED ON 11/3/2014

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

12400.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 59 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

KEVIN POWERS

A.

Mailing Address 630 N WYMORE RD

City

MAITLAND

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

QMEDRX,INC

Occupation

CEO

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19426.0

Amount of Each Receipt this Period

-7300.00

REDESIGNATED: DEBT RETIREMENT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

KEVIN POWERS

B.

Mailing Address 630 N WYMORE RD

City

MAITLAND

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

QMEDRX,INC

Occupation

CEO

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

7600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19426.1

Amount of Each Receipt this Period

2500.00

REDESIGNATED: DEBT RETIREMENT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

KEVIN POWERS

C.

Mailing Address 630 N WYMORE RD

City

MAITLAND

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

QMEDRX,INC

Occupation

CEO

Receipt For: 2010

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19426.2

Amount of Each Receipt this Period

2400.00

REDESIGNATED: DEBT RETIREMENT

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 60 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

KEVIN POWERS

Mailing Address 630 N WYMORE RD

City

MAITLAND

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

QMEDRX,INC

Occupation

CEO

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

12400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19426.3

Amount of Each Receipt this Period

2400.00

REDESIGNATED: DEBT RETIREMENT

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

MR. E MILES PRENTICE III

Mailing Address 34 W. 95TH STREET

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer

EASTON & VAN WINKLE, LLC

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2014

Transaction ID : SA11AI.19081

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

ANDREW PRINCE

Mailing Address 178 EAST 71ST STREET

City

NEW YORK

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11AI.18937

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 61 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

PETER J. REGNA

A.

Mailing Address 45 SPEAR ROAD

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer

AERO TEC LABORATORIES

Occupation

ENGINEER

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

Transaction ID : SA11AI.19268

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

GEORGE E. ROACH

B.

Mailing Address P.O. BOX 228

City

POUND RIDGE

State

NY

Zip Code

10576-0228

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA11AI.19044

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

ELIHU ROBERTSON

C.

Mailing Address 121 APAWAMIS AVE

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing
federal political committee.

C

Name of Employer

MILBANK, TWEED, HADLEY & MCCLOY LLP

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2014

Transaction ID : SA11AI.19009

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3200.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 62 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

J H ROBINSON

A.

Mailing Address 767 3RD AVENUE 4TH FL

City

NEW YORK

State

NY

Zip Code

10017

FEC ID number of contributing federal political committee.

C

Name of Employer

J H ROBINSON

Occupation

PROFESSIONAL

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19159

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

DR. I. RAND RODGERS

B.

Mailing Address 91 WEAVER STREET

City

GREENWICH

State

CT

Zip Code

06831

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

6350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2014

Transaction ID : SA11AI.19418

Amount of Each Receipt this Period

5200.00

Full Name (Last, First, Middle Initial)

DR. I. RAND RODGERS

C.

Mailing Address 91 WEAVER STREET

City

GREENWICH

State

CT

Zip Code

06831

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2014

Transaction ID : SA11AI.19418.0

Amount of Each Receipt this Period

-5000.00

CHARGEBACK

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 63 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

KENNETH ROSENTHAL**A.**

Mailing Address 310 EAST SHORE ROAD

City

GREAT NECK

State

NY

Zip Code

11023

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

OPHTHALMOLOGIST

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19343

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MITCHELL ROSLIN**B.**

Mailing Address 3 COLE DRIVE

City

ARMONK

State

NY

Zip Code

10504

FEC ID number of contributing
federal political committee.

C

Name of Employer

NSLIJ

Occupation

M.D.

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

Transaction ID : SA11AI.19322

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JEROLD RUDERMAN**C.**

Mailing Address 18 RIDGEDALE ROAD

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

WILSON ELSE ETAL

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2014

Transaction ID : SA11AI.19083

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 64 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. JULIA SABETTA

Mailing Address 50 SOUND VIEW DR

City

GREENWICH

State

CT

Zip Code

06830

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

DERMATOLOGIST

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : SA11AI.19235

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ESTHER SAVOIE

Mailing Address 6 BRADY LANE

City

SOMERS

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		01		2014

Transaction ID : SA11AI.19406

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. SUSAN SCHACHNE

Mailing Address 17 MOHAWK TRAIL

City

KATONAH

State

NY

Zip Code

10536

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SA11AI.19199

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

525.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 65 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

DAMIAN SCHAIBLE**A.**

Mailing Address 18 WAGON WHEEL ROAD

City

MAMARONECK

State

NY

Zip Code

10543

FEC ID number of contributing
federal political committee.

C

Name of Employer

DAVIS POLK & WARDWELL LLP

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2014

Transaction ID : SA11AI.18997

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

DAMIAN SCHAIBLE**B.**

Mailing Address 18 WAGON WHEEL ROAD

City

MAMARONECK

State

NY

Zip Code

10543

FEC ID number of contributing
federal political committee.

C

Name of Employer

DAVIS POLK & WARDWELL LLP

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

Transaction ID : SA11AI.19241

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

TOM SCHOSSAU**C.**

Mailing Address 1 VINCENT ROAD 3L

City

BRONXVILLE

State

NY

Zip Code

10708

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

OPHTHALMOLOGIST, SCIENTIST, ENGINEE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2014

Transaction ID : SA11AI.18998

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

DR. JOHN C. SCOTT

A.

Mailing Address 9 DEER CREEK LANE

City

MOUNT KISCO

State

NY

Zip Code

10549-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : SA11AI.19279

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JOSEPH SEIDEL

B.

Mailing Address 8058 GLENDALE ROAD

City

CHEVY CHASE

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

CREDIT SUISSE SECURITIES (USA)

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SA11AI.19236

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

ROBERT SELVAGGIO

C.

Mailing Address 16 ROCHAMBEAU ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

RUTTER ASSOCIATES

Occupation

PARTNER AND HEAD OF ANALYTICS

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : SA11AI.19057

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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PAGE 67 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

DR. JANET SERLE

A.

Mailing Address 151 E. 85TH STREET, #11E

City

NEW YORK

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT SINAI SCHOOL OF MEDICINE

Occupation

OPHTHALMOLOGIST

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : SA11AI.19201

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

MR. RANDY M SHAYLER

B.

Mailing Address 150 SCHOOL ST

City

WELLSVILLE

State

NY

Zip Code

14895

FEC ID number of contributing
federal political committee.

C

Name of Employer

OTIS EASTERN SERVICE, LLC

Occupation

MGMT

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2014

Transaction ID : SA11AI.19519

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

LLOYD J. SHULMAN

C.

Mailing Address ROCKRIDGE FARM 961, ROUTE 52

City

CARMEL

State

NY

Zip Code

10512-4733

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEISTEIN ENTERPRISES, INC.

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2014

Transaction ID : SA11AI.19312

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

3900.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

RICHARD B. SMITH**A.**

Mailing Address 14 BROOK HILLS CIRCLE

City

WHITE PLAINS

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.

C

Name of Employer

LSTA

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA11AI.19052

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

RICHARD B. SMITH**B.**

Mailing Address 14 BROOK HILLS CIRCLE

City

WHITE PLAINS

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.

C

Name of Employer

LSTA

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19126

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

STEPHEN SOKOL**C.**

Mailing Address 239 WEST 100TH STREET

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FINANCIAL SERVICES

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19370

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

ROBERT STEINBERG**A.**

Mailing Address 17 WESTBROOK ROAD

City

NEWBURGH

State

NY

Zip Code

12550

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11AI.18945

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

SOLOMON S. STEINER**B.**

Mailing Address 24 OLD WAGON ROAD

City

MOUNT KISCO

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEROSPHERE INC.

Occupation

CEO & CHAIRMAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19133

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

PAUL STURZ**C.**

Mailing Address 6 AUTUMN RIDGE ROAD

City

POUND RIDGE

State

NY

Zip Code

10576

FEC ID number of contributing
federal political committee.

C

Name of Employer

LINDEN'S COOKIES, INC.

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11AI.18919

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

550.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

MARTIN SUCHY**A.**

Mailing Address 16 HIGHVIEW DR

City

MIDDLETOWN

State

NY

Zip Code

10941

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2014

Transaction ID : SA11AI.19001

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

MR. DANIEL J. SUDLIK**B.**

Mailing Address 15 JEAN WAY

City

SOMERS

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11AI.18957

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

MR. DANIEL J. SUDLIK**C.**

Mailing Address 15 JEAN WAY

City

SOMERS

State

NY

Zip Code

10589

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : SA11AI.19202

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

150.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial) MR. DANIEL J. SUDLIK			Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 15 JEAN WAY			Transaction ID : SA11AI.19441	
City	State	Zip Code		
SOMERS	NY	10589		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 50.00	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 850.00		
B. Full Name (Last, First, Middle Initial) DR. MICHAEL TEDFORD			Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 5 BIRCHWOOD COURT			Transaction ID : SA11AI.19183	
City	State	Zip Code		
WASHINGTONVILLE	NY	10992		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 100.00	
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 700.00		
C. Full Name (Last, First, Middle Initial) THE COONEY AGENCY			Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2014	
Mailing Address 100 PASSAIC AVENUE, #300			Transaction ID : SA11AI.19077	
City	State	Zip Code		
FAIRFIELD	NJ	07004		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer		Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional).....			1150.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

SCOTT SCHWARTZ**A.**

Mailing Address 100 PASSAIC AVENUE, #300

City

FAIRFIELD

State

NJ

Zip Code

07004

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEAKLEY, SCHWARTZ ET AL

Occupation

FINANCIAL ADVISOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2014

Transaction ID : SA11AI.19077.0

Amount of Each Receipt this Period

1000.00

THE COONEY AGENCY: PERMISSIBLE FUNDS

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

MARK J. THOMPSON**B.**

Mailing Address 13 WHIPPOORWILL ROAD

City

ARMONK

State

NY

Zip Code

10504

FEC ID number of contributing
federal political committee.

C

Name of Employer

SIMPSON, THACHER & BARTLETT, LLP

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2014

Transaction ID : SA11AI.18976

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

WELLINGTON S. TICHENOR M.D.**C.**

Mailing Address 642 PARK AVENUE

City

NEW YORK

State

NY

Zip Code

10065

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2014

Transaction ID : SA11AI.19528

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

2000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

JOHN J. TIMMEL

A.

Mailing Address 9 THE FARMS ROAD

City

BEDFORD

State

NY

Zip Code

10506

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2014

Transaction ID : SA11AI.19000

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

DAVID TOHIR

B.

Mailing Address 52 REEDER LANE

City

NEW CANAAN

State

CT

Zip Code

06840

FEC ID number of contributing
federal political committee.

C

Name of Employer

HECATE ENERGY

Occupation

ENERGY INVESTOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

Transaction ID : SA11AI.19237

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MARK TOMASSI

C.

Mailing Address 441 BEDFORD ROAD

City

BEDFORD HILLS

State

NY

Zip Code

10507

FEC ID number of contributing
federal political committee.

C

Name of Employer

RMS

Occupation

SALES

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19152

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 74 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

MR. SCOTT VALLAR

A.

Mailing Address 108 GUARD HILL ROAD

City

BEDFORD CORNERS

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer

GUARD HILL ADVISORS

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3790.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19145

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JAVIER VIZOSO

B.

Mailing Address 1114 HARDEE RD

City

CORAL GABLES

State

FL

Zip Code

33146

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTH MIAMI OBGYN ASSOC LLC

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2014

Transaction ID : SA11AI.19430

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. ROBERT WAEGELEIN

C.

Mailing Address 28 STIRRUP TRL

City

PAWLING

State

NY

Zip Code

12564

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSAL AMERICAN CORP.

Occupation

CPA

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

Transaction ID : SA11AI.19094

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

DR. RICHARD WALDMAN

Mailing Address 6100 WOLFEBORO ROAD

City

JAMESVILLE

State

NY

Zip Code

13078

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASSOCIATES FOR WOMEN'S MEDICINE

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2014

Transaction ID : SA11AI.19413

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JOHN WARDEN

Mailing Address 125 BROAD STREET

City

NEW YORK

State

NY

Zip Code

10004

FEC ID number of contributing
federal political committee.

C

Name of Employer

SULLIVAN & CROMWELL LLP

Occupation

LAWYER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19146

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR. PAUL WASSERMAN

Mailing Address 4 ELIZABETH COURT

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2014

Transaction ID : SA11AI.19093

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

PETER WHITE**A.**

Mailing Address 47 BLOOMER ROAD

City

NORTH SALEM

State

NY

Zip Code

10560

FEC ID number of contributing
federal political committee.

C

Name of Employer

MT KISCO VOLVO

Occupation

CAR SALES

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19150

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER YORK**B.**

Mailing Address 5 LYONS FARM COURT

City

BREWSTER

State

NY

Zip Code

10509

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.19392

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

DEAN ZARRAS**C.**

Mailing Address 12 OLD LOGGING ROAD

City

BEDFORD

State

NY

Zip Code

10506

FEC ID number of contributing
federal political committee.

C

Name of Employer

LOGIC9S, LLC

Occupation

PRESIDENT AND CEO

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.19190

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

ROSS ZELTSE

A.

Mailing Address 2 WILDCAT RD

City

CHAPPAQUA

State

NY

Zip Code

10514-2316

FEC ID number of contributing
federal political committee.

C

Name of Employer

WESTCHESTER HEALTH ASSOCIATES

Occupation

MOHS SURGEON

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SA11AI.19207

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MICHAEL J. ZIMMERMAN

B.

Mailing Address 39 GARDEN PLACE

City

BROOKLYN

State

NY

Zip Code

11201

FEC ID number of contributing
federal political committee.

C

Name of Employer

CONTINENTAL GRAIN COMPANY

Occupation

VICE CHAIRMAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SA11AI.18954

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MICHAEL ZIMMERMAN

C.

Mailing Address 67 GLENVILLE ROAD

City

GREENWICH

State

CT

Zip Code

06831

FEC ID number of contributing
federal political committee.

C

Name of Employer

MC CREDIT PARTNERS

Occupation

INVESTMENT MANGEMENT

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SA11AI.19222

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

JOEL ZINBERG

A.

Mailing Address 500 EAST 85TH STREET APT 20H

City

NEW YORK

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11Al.19356

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

100.00

152150.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)
 AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

A. Mailing Address 725 FIFTEENTH ST., NW SUITE 500

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee.

C C00413955

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11C.19287

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
 AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1891 PRESTON WHITE DRIVE

City	State	Zip Code
RESTON	VA	20191

FEC ID number of contributing federal political committee.

C C00343459

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y
 11 / 01 / 2014

Transaction ID : SA11C.19507

Amount of Each Receipt this Period

3000.00

C. Full Name (Last, First, Middle Initial)
 AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVE, NW
 SUITE 600

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing federal political committee.

C C00000422

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11C.19276

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)
 AZOA SERVICES CORPORATION POLITICAL ACTION COMMITTEE (ALLIANZ OF AMERICA PAC)

A.

Mailing Address 1101 CONNECTICUT AVE., NW
 SUITE 950

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing
federal political committee.

C C00095109

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

Transaction ID : SA11C.19272

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. CONSERVATIVES RESTORING EXCELLENCE (CRE-PAC)

Mailing Address PO BOX 98629

City	State	Zip Code
RALEIGH	NC	27624

FEC ID number of contributing
federal political committee.

C C00502187

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2014

Transaction ID : SA11C.19026

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DEFENDING AND INVESTING IN AMERICA'S NEW ENDEAVORS PAC (DIANE PAC)

Mailing Address PO BOX 1437

City	State	Zip Code
GALLATIN	TN	37066

FEC ID number of contributing
federal political committee.

C C00499996

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11C.18956

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)
EYEPAC POLITICAL ACTION COMMITTEE FOR AMERICAN SOCIETY OF CATARACT AND REFRACTIVE SURGERY

A. Mailing Address 4000 LEGATO ROAD, SUITE 700

City State Zip Code
FAIRFAX VA 22033

FEC ID number of contributing
federal political committee.

C C00171504

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y
10 26 2014

Transaction ID : SA11C.19310

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)
HELP UNITE REPUBLICANS TODAY POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 283

City State Zip Code
CHATHAM VA 24531

FEC ID number of contributing
federal political committee.

C C00496323

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
10 26 2014

Transaction ID : SA11C.19281

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City State Zip Code
CONCORD NC 28027

FEC ID number of contributing
federal political committee.

C C00504522

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
11 01 2014

Transaction ID : SA11C.19496

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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 NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial) IPAA WILDCATTERS FUND		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	10		30		2014
M M M	/	D D D	/	Y Y Y Y Y								
10		30		2014								
Mailing Address 1201 15TH STREET, NW SUITE 300		Transaction ID : SA11C.19379										
City WASHINGTON	State DC		Zip Code 20005									
FEC ID number of contributing federal political committee. C C00246306		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2000.00</td> </tr> </table>	2000.00									
2000.00												
Name of Employer Occupation		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2000.00</td> </tr> </table>	2000.00									
2000.00												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">2000.00</td> </tr> </table>	2000.00									
2000.00												

B. Full Name (Last, First, Middle Initial) LCR PAC		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>27</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	10		27		2014
M M M	/	D D D	/	Y Y Y Y Y								
10		27		2014								
Mailing Address 1090 VERMONT AVE NW, SUITE 850		Transaction ID : SA11C.19273										
City WASHINGTON	State DC		Zip Code 20005									
FEC ID number of contributing federal political committee. C C00405506		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>	1000.00									
1000.00												
Name of Employer Occupation		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>	1000.00									
1000.00												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>	1000.00									
1000.00												

C. Full Name (Last, First, Middle Initial) LEAD YOUR NATION NOW PAC (LYNN PAC)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>17</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	10		17		2014
M M M	/	D D D	/	Y Y Y Y Y								
10		17		2014								
Mailing Address P.O. BOX 1872		Transaction ID : SA11C.18972										
City TOPEKA	State KS		Zip Code 66601									
FEC ID number of contributing federal political committee. C C00491043		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>	1000.00									
1000.00												
Name of Employer Occupation		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>	1000.00									
1000.00												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">2000.00</td> </tr> </table>	2000.00									
2000.00												

SUBTOTAL of Receipts This Page (optional).....	<table border="1"> <tr> <td colspan="5">4000.00</td> </tr> </table>	4000.00				
4000.00						
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="5"></td> </tr> </table>					

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
LUKE MESSER FOR CONGRESS

Mailing Address PO BOX 917

City State Zip Code
SHELBYVILLE IN 46176

FEC ID number of contributing
federal political committee.

C C00460667

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
10 27 2014

Transaction ID : SA11C.19194

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
MAGGIE'S LIST

Mailing Address 6675 WEEPING WILLOW WAY

City State Zip Code
TALLAHASSEE FL 32311

FEC ID number of contributing
federal political committee.

C C00469023

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5530.00

Date of Receipt

M M / D D / Y Y Y Y
11 03 2014

Transaction ID : SA11C.19403

Amount of Each Receipt this Period

2000.00

C. Full Name (Last, First, Middle Initial)
MEADOWS FOR CONGRESS

Mailing Address PO BOX 811

City State Zip Code
HENDERSONVILLE NC 28793

FEC ID number of contributing
federal political committee.

C C00503094

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
10 23 2014

Transaction ID : SA11C.19193

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

3500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

MORE CONSERVATIVES PAC (MCPAC)

Mailing Address 228 S WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing
federal political committee.

C C00540187

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11C.19267

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing
federal political committee.

C C00459123

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11C.19274

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

NEW YORK BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 99 PARK AVENUE
4TH FLOOR

City	State	Zip Code
NEW YORK	NY	10016

FEC ID number of contributing
federal political committee.

C C00081422

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11C.19381

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial) NYOBS PAC		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		04		2014
M M	/	D D	/	Y Y Y Y								
11		04		2014								
Mailing Address 111 WASHINGTON AVE 750		Transaction ID : SA11C.19567										
City ALBANY	State NY											
Zip Code 12210		Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00									
500.00												
FEC ID number of contributing federal political committee. C												
Name of Employer	Occupation											
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00										
500.00												

B. Full Name (Last, First, Middle Initial) OUR COUNTRY DESERVES BETTER PAC - TEAPARTYEXPRESS.ORG		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		04		2014
M M	/	D D	/	Y Y Y Y								
11		04		2014								
Mailing Address PO BOX 984		Transaction ID : SA11C.19512										
City WILLOWS	State CA											
Zip Code 95988		Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00									
1000.00												
FEC ID number of contributing federal political committee. C C00454074												
Name of Employer	Occupation											
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00										
1000.00												

C. Full Name (Last, First, Middle Initial) PATRIOTS IN ACTION		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		04		2014
M M	/	D D	/	Y Y Y Y								
11		04		2014								
Mailing Address 1005 CONGRESS AVE STE 910		Transaction ID : SA11C.19511										
City AUSTIN	State TX											
Zip Code 78701		Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00									
2500.00												
FEC ID number of contributing federal political committee. C C00531590												
Name of Employer	Occupation											
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00										
2500.00												

SUBTOTAL of Receipts This Page (optional).....	<table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00
4000.00		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

PIONEER POLITICAL ACTION COMMITTEE

Mailing Address 701 8TH STREET, NW
SUITE 500

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing federal political committee.

C C00325357

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11C.18951

Amount of Each Receipt this Period

4000.00

Full Name (Last, First, Middle Initial)

PRECISION MACHINED PRODUCTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 6700 W. SNOWVILLE ROAD

City	State	Zip Code
BRECKSVILLE	OH	44141

FEC ID number of contributing federal political committee.

C C00110858

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2014

Transaction ID : SA11C.19500

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

QUEST DIAGNOSTICS INCORPORATED POLITICAL ACTION COMMITTEE

Mailing Address 1401 K STREET, NW
SUITE 803

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee.

C C00329185

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : SA11C.19275

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial) RIBBLE FOR CONGRESS		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>20</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	10		20		2014
M M M	/	D D D	/	Y Y Y Y Y									
10		20		2014									
Mailing Address PO BOX 7200		Transaction ID : SA11C.19027											
City APPLETON	State WI	Zip Code 54912											
FEC ID number of contributing federal political committee. C C00463620		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>							1000.00				
					1000.00								
Name of Employer		Occupation											
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>							1000.00				
					1000.00								

B. Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>20</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	10		20		2014
M M M	/	D D D	/	Y Y Y Y Y									
10		20		2014									
Mailing Address PO BOX 581		Transaction ID : SA11C.19024											
City BRIGHTON	State MI	Zip Code 48116											
FEC ID number of contributing federal political committee. C C00343863		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>							1000.00				
					1000.00								
Name of Employer		Occupation											
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>							1000.00				
					1000.00								

C. Full Name (Last, First, Middle Initial) SOMERS REPUBLICAN TOWN COMMITTEE		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>31</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	10		31		2014
M M M	/	D D D	/	Y Y Y Y Y									
10		31		2014									
Mailing Address 628 HERITAGE HILLS		Transaction ID : SA11C.19387											
City SOMERS	State NY	Zip Code 10589											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>500.00</td> </tr> </table>							500.00				
					500.00								
Name of Employer		Occupation											
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>500.00</td> </tr> </table>							500.00				
					500.00								

SUBTOTAL of Receipts This Page (optional).....	<table border="1"> <tr> <td colspan="5"></td> <td>2500.00</td> </tr> </table>						2500.00
					2500.00		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>						

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

SPINE PAC OF THE NATIONAL ASSOCIATION OF SPINE SPECIALISTS

Mailing Address 7075 VETERANS BLVD.

City	State	Zip Code
BURR RIDGE	IL	60527

FEC ID number of contributing federal political committee.

C C00349225

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11C.19509

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC

Mailing Address 228 S WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing federal political committee.

C C00501478

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11C.19266

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

TOWN OF WARWICK REPUBLICAN COMMITTEE

Mailing Address 58 MINTURN ROAD

City	State	Zip Code
WARWICK	NY	10990

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11C.18953

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial)
UNIVERSAL AMERICAN CORP. PAC

Mailing Address **44 SOUTH BROADWAY**
SUITE 1200

City State Zip Code
WHITE PLAINS NY 10601

FEC ID number of contributing
federal political committee.

C **C00433029**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

10 / 21 / 2014

Transaction ID : **SA11C.19113**

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)
UPPER HAND FUND

Mailing Address **PO BOX 2485**

City State Zip Code
SPRINGFIELD VA 22152

FEC ID number of contributing
federal political committee.

C **C00503151**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

10 / 30 / 2014

Transaction ID : **SA11C.19384**

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
VOICE FOR FREEDOM

Mailing Address **2700 CUMBERLAND PARKWAY, SUITE 150**

City State Zip Code
ATLANTA GA 30339

FEC ID number of contributing
federal political committee.

C **C00409805**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

10 / 30 / 2014

Transaction ID : **SA11C.19383**

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

7000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial) YOPAC		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	11		04		2014
M M	/	D D	/	Y Y Y Y									
11		04		2014									
Mailing Address 5631 ABERDEEN RD		Transaction ID : SA11C.19599											
City FAIRWAY	State KS	Zip Code 66205	Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00									
1000.00													
FEC ID number of contributing federal political committee. C C00497305													
Name of Employer Occupation													
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00									
1000.00													
B. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>										
FEC ID number of contributing federal political committee. C													
Name of Employer Occupation													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>											
C. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>										
FEC ID number of contributing federal political committee. C													
Name of Employer Occupation													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>											
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00									
1000.00													
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td>53500.00</td> </tr> </table>		53500.00									
53500.00													

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial) NAN HAYWORTH			Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address PO BOX 394			Transaction ID : SA11D.18759	
City	State	Zip Code		
FISHKILL	NY	12524		
FEC ID number of contributing federal political committee.		C H0NY19139		
Name of Employer CANDIDATE		Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 709087.70		
			Amount of Each Receipt this Period 16.95 IN-KIND: DELIVERY SERVICES	

B. Full Name (Last, First, Middle Initial) NAN HAYWORTH			Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address PO BOX 394			Transaction ID : SA11D.18762	
City	State	Zip Code		
FISHKILL	NY	12524		
FEC ID number of contributing federal political committee.		C H0NY19139		
Name of Employer CANDIDATE		Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 709328.39		
			Amount of Each Receipt this Period 240.69 IN-KIND: OFFICE SUPPLIES	

C. Full Name (Last, First, Middle Initial) NAN HAYWORTH			Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address PO BOX 394			Transaction ID : SA11D.18767	
City	State	Zip Code		
FISHKILL	NY	12524		
FEC ID number of contributing federal political committee.		C H0NY19139		
Name of Employer CANDIDATE		Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 709345.34		
			Amount of Each Receipt this Period 16.95 IN-KIND: DELIVERY SERVICES	

SUBTOTAL of Receipts This Page (optional).....	274.59
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address PO BOX 394		Transaction ID : SA11D.18624	
City FISHKILL	State NY	Zip Code 12524	Amount of Each Receipt this Period 100000.00
FEC ID number of contributing federal political committee. C H0NY19139			
Name of Employer CANDIDATE	Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 809345.34		
B. Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address PO BOX 394		Transaction ID : SA11D.18628	
City FISHKILL	State NY	Zip Code 12524	Amount of Each Receipt this Period 900000.00
FEC ID number of contributing federal political committee. C H0NY19139			
Name of Employer CANDIDATE	Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1709345.34		
C. Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address PO BOX 394		Transaction ID : SA11D.18749	
City FISHKILL	State NY	Zip Code 12524	Amount of Each Receipt this Period 16.95 IN-KIND: DELIVERY SERVICES
FEC ID number of contributing federal political committee. C H0NY19139			
Name of Employer CANDIDATE	Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1709362.29		
SUBTOTAL of Receipts This Page (optional).....		1000016.95	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO BOX 394		Transaction ID : SA11D.18758
City FISHKILL	State NY	
Zip Code 12524		Amount of Each Receipt this Period 16.95
FEC ID number of contributing federal political committee. C H0NY19139		IN-KIND: DELIVERY SERVICES
Name of Employer CANDIDATE	Occupation CANDIDATE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1709379.24	

Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address PO BOX 394		Transaction ID : SA11D.18752
City FISHKILL	State NY	
Zip Code 12524		Amount of Each Receipt this Period 37.56
FEC ID number of contributing federal political committee. C H0NY19139		IN-KIND: TRAVEL: FUEL
Name of Employer CANDIDATE	Occupation CANDIDATE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1709416.80	

Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address PO BOX 394		Transaction ID : SA11D.18743
City FISHKILL	State NY	
Zip Code 12524		Amount of Each Receipt this Period 13.99
FEC ID number of contributing federal political committee. C H0NY19139		HAYWORTH IN-KIND: OFFICE SUPPLIES
Name of Employer CANDIDATE	Occupation CANDIDATE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1709430.79	

SUBTOTAL of Receipts This Page (optional).....	68.50
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>26</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		26		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
10		26		2014									
Mailing Address PO BOX 394		Transaction ID : SA11D.18746											
City FISHKILL	State NY	Zip Code 12524											
FEC ID number of contributing federal political committee. C H0NY19139		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">162.87</td> </tr> </table>		162.87									
162.87													
Name of Employer CANDIDATE	Occupation CANDIDATE												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">1709593.66</td> </tr> </table>			1709593.66									
1709593.66													
B. Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>27</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		27		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
10		27		2014									
Mailing Address PO BOX 394		Transaction ID : SA11D.18778											
City FISHKILL	State NY	Zip Code 12524											
FEC ID number of contributing federal political committee. C H0NY19139		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">490.00</td> </tr> </table>		490.00									
490.00													
Name of Employer CANDIDATE	Occupation CANDIDATE												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">1710083.66</td> </tr> </table>			1710083.66									
1710083.66													
C. Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>28</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		28		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
10		28		2014									
Mailing Address PO BOX 394		Transaction ID : SA11D.18673											
City FISHKILL	State NY	Zip Code 12524											
FEC ID number of contributing federal political committee. C H0NY19139		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">1172.35</td> </tr> </table>		1172.35									
1172.35													
Name of Employer CANDIDATE	Occupation CANDIDATE												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">1711256.01</td> </tr> </table>			1711256.01									
1711256.01													
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5">1825.22</td> </tr> </table>		1825.22									
1825.22													
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> </tr> </table>											

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11D
Transaction ID : SA11D.18673
SEE LINE 17

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial) NAN HAYWORTH			Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address PO BOX 394			Transaction ID : SA11D.18687	
City FISHKILL	State NY	Zip Code 12524	Amount of Each Receipt this Period 1923.81 IN-KIND: VAN RENTAL	
FEC ID number of contributing federal political committee. C H0NY19139		Election Cycle-to-Date 1713179.82		
Name of Employer CANDIDATE		Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
B. Full Name (Last, First, Middle Initial) NAN HAYWORTH			Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address PO BOX 394			Transaction ID : SA11D.18695	
City FISHKILL	State NY	Zip Code 12524	Amount of Each Receipt this Period 1971.62 IN-KIND: VAN RENTAL	
FEC ID number of contributing federal political committee. C H0NY19139		Election Cycle-to-Date 1715151.44		
Name of Employer CANDIDATE		Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
C. Full Name (Last, First, Middle Initial) NAN HAYWORTH			Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address PO BOX 394			Transaction ID : SA11D.18740	
City FISHKILL	State NY	Zip Code 12524	Amount of Each Receipt this Period 61.60 IN-KIND: OFFICE SUPPLIES	
FEC ID number of contributing federal political committee. C H0NY19139		Election Cycle-to-Date 1715213.04		
Name of Employer CANDIDATE		Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
SUBTOTAL of Receipts This Page (optional).....			3957.03	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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12 13a 13b 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial) NAN HAYWORTH			Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address PO BOX 394			Transaction ID : SA11D.18787	
City FISHKILL	State NY	Zip Code 12524	Amount of Each Receipt this Period 262.39	
FEC ID number of contributing federal political committee. C H0NY19139		IN-KIND: OFFICE SUPPLIES		
Name of Employer CANDIDATE		Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1715475.43		

Full Name (Last, First, Middle Initial) NAN HAYWORTH			Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address PO BOX 394			Transaction ID : SA11D.18782	
City FISHKILL	State NY	Zip Code 12524	Amount of Each Receipt this Period 28.38	
FEC ID number of contributing federal political committee. C H0NY19139		IN-KIND: TRAVEL: FUEL		
Name of Employer CANDIDATE		Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1715503.81		

Full Name (Last, First, Middle Initial) NAN HAYWORTH			Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2014	
Mailing Address PO BOX 394			Transaction ID : SA11D.18768	
City FISHKILL	State NY	Zip Code 12524	Amount of Each Receipt this Period 43.06	
FEC ID number of contributing federal political committee. C H0NY19139		IN-KIND: TRAVEL: FUEL		
Name of Employer CANDIDATE		Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1715546.87		

SUBTOTAL of Receipts This Page (optional)	333.83
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2014	
Mailing Address PO BOX 394		Transaction ID : SA11D.18776	
City FISHKILL	State NY	Zip Code 12524	Amount of Each Receipt this Period 30.00 IN-KIND: TRAVEL: FUEL
FEC ID number of contributing federal political committee. C H0NY19139			
Name of Employer CANDIDATE	Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1715576.87		

B. Full Name (Last, First, Middle Initial) NAN HAYWORTH		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address PO BOX 394		Transaction ID : SA11D.18771	
City FISHKILL	State NY	Zip Code 12524	Amount of Each Receipt this Period 33.08 IN-KIND: TRAVEL: FUEL
FEC ID number of contributing federal political committee. C H0NY19139			
Name of Employer CANDIDATE	Occupation CANDIDATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1715609.95		

C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	63.08
TOTAL This Period (last page this line number only).....	1006539.20

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 99 OF 157

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

NEW YORK MAJORITY FUND 2014

A.

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.

C C00566216

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2390.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Transaction ID : SA12.19378

Amount of Each Receipt this Period

2390.36

JFC TRANSFER: SEE MEMO ATTRIBUTION

Full Name (Last, First, Middle Initial)

ONEIDA INDIAN NATION

B.

Mailing Address 1 TERRITORY RD

City

ONEIDA

State

NY

Zip Code

13421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Transaction ID : SA12.19378.0

Amount of Each Receipt this Period

2600.00

JFC TRANSFER: NEW YORK MAJORITY FUND 2014

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE PROJECT)

C.

Mailing Address PO BOX 2485

City

SPRINGFIELD

State

VA

Zip Code

22152

FEC ID number of contributing
federal political committee.

C C00567677

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

9462.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2014

Transaction ID : SA12.19524

Amount of Each Receipt this Period

87.48

JFC TRANSFER: SEE MEMO ATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

2477.84

TOTAL This Period (last page this line number only).....

2477.84

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 100 OF 157

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P. O. BOX 1270

City	State	Zip Code
NEWARK	NJ	07101

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2014

Amount of Each Disbursement this Period

2759.61

Transaction ID : SB17.18788

B. AMERICAN EXPRESS SERVICES

Mailing Address 3 WORLD FINANCIAL CENTER

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2014

Amount of Each Disbursement this Period

1919.37

Transaction ID : SB17.18789

C. AMERICAN EXPRESS SERVICES

Mailing Address 3 WORLD FINANCIAL CENTER

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2014

Amount of Each Disbursement this Period

65.00

Transaction ID : SB17.18790

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4743.98

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 101 OF 157

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. ARIANO'S TRATATTORIA

Mailing Address 18 CLARK PL

City	State	Zip Code
MAHOPAC	NY	10541

Purpose of Disbursement
AMEX 10/20 PAYMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		17		2014

Amount of Each Disbursement this Period

50.13

Transaction ID : SB17.19575

[MEMO ITEM]**B. ALEXANDER ARZOUMANOV**

Mailing Address 56 COUNTRY CLUB DRIVE

City	State	Zip Code
FLORIDA	NY	10921

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.18897

C. ALEXANDER ARZOUMANOV

Mailing Address 56 COUNTRY CLUB DRIVE

City	State	Zip Code
FLORIDA	NY	10921

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2014

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.18910

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 OF 157

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. BEST BUY

Mailing Address 2001 SOUTH ROAD

City	State	Zip Code
POUGHKEEPSIE	NY	12601

Purpose of Disbursement
AMEX 10/20 PAYMENT: SOFTWARE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

139.58

Transaction ID : SB17.19595

[MEMO ITEM]**B. BEST BUY**

Mailing Address 2001 SOUTH ROAD

City	State	Zip Code
POUGHKEEPSIE	NY	12601

Purpose of Disbursement
AMEX 10/20 PAYMENT: COMPUTER PURCHASE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2014

Amount of Each Disbursement this Period

1167.73

Transaction ID : SB17.19596

[MEMO ITEM]**C. NICHOLAS BIBLIS**

Mailing Address 182 COUNTRY CLUB DRIVE

City	State	Zip Code
FLORIDA	NY	10921

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2014

Amount of Each Disbursement this Period

227.62

Transaction ID : SB17.18858

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

227.62

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. NICHOLAS BIBLIS

Mailing Address 182 COUNTRY CLUB DRIVE

City	State	Zip Code
FLORIDA	NY	10921

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.18895

B. NICHOLAS BIBLIS

Mailing Address 182 COUNTRY CLUB DRIVE

City	State	Zip Code
FLORIDA	NY	10921

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.18908

C. BUDGET MOTOR INN

Mailing Address 215 ROUTE 6

City	State	Zip Code
MAHOPAC	NY	10541

Purpose of Disbursement
AMEX 10/20 PAYMENT: TRAVEL: LODGING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2014

Amount of Each Disbursement this Period

80.00

Transaction ID : SB17.19591

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 104 OF 157

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. JEFFREY T. BULEYMailing Address 50 STATE STREET
4TH FLOOR

City ALBANY State NY Zip Code 12207

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.18841

B. CAMPAIGNGRID

Mailing Address 414 COMMERCE DRIVE, SUITE 100

City FORT WASHINGTON State PA Zip Code 19034

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2014

Amount of Each Disbursement this Period

15000.00

Transaction ID : SB17.18796

C. CHAIN BRIDGE BANK

Mailing Address 1445 LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2014

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.18805

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

16015.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 105 OF 157

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445 LAUGHLIN AVE

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2014

Amount of Each Disbursement this Period

										15.00
--	--	--	--	--	--	--	--	--	--	-------

Transaction ID : SB17.18806

B. CHAIN BRIDGE BANK

Mailing Address 1445 LAUGHLIN AVE

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2014

Amount of Each Disbursement this Period

										15.00
--	--	--	--	--	--	--	--	--	--	-------

Transaction ID : SB17.18807

C. CHAIN BRIDGE BANK

Mailing Address 1445 LAUGHLIN AVE

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2014

Amount of Each Disbursement this Period

										15.00
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Transaction ID : SB17.18808

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

										45.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 106 OF 157

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445 LAUGHLIN AVE

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.18809

B. CHAIN BRIDGE BANK

Mailing Address 1445 LAUGHLIN AVE

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.18810

C. CHAIN BRIDGE BANK

Mailing Address 1445 LAUGHLIN AVE

City	State	Zip Code
MCLEAN	VA	22101

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.18811

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

45.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 107 OF 157

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. CHIPOTLEMailing Address 444 ROUTE 211 EAST
STE 2

City MIDDLETOWN State NY Zip Code 10940

Purpose of Disbursement
AMEX 10/20 PAYMENT: TRAVEL: FOOD

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	12	2014

Amount of Each Disbursement this Period

40.98

Transaction ID : SB17.19570

[MEMO ITEM]**B. CMDI**Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	29	2014

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.18812

C. COPPER BOTTOM

Mailing Address 162 N MAIN STREET

City FLORIDA State NY Zip Code 10921

Purpose of Disbursement
AMEX 10/20 PAYMENT: TRAVEL: FOOD

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	13	2014

Amount of Each Disbursement this Period

57.49

Transaction ID : SB17.19572

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

800.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 108 OF 157

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. CUMBERLAND FARMS

Mailing Address 100 CROSSING BLVD

City	State	Zip Code
CHESTER	NY	10918

Purpose of Disbursement
AMEX 10/20 PAYMENT: TRAVEL: FUEL

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 28 / 2014

Amount of Each Disbursement this Period

49.50

Transaction ID : SB17.19586

[MEMO ITEM]**B. BART DIMASO JR.**

Mailing Address P.O. BOX 511

City	State	Zip Code
CHESTER	NY	10918

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 31 / 2014

Amount of Each Disbursement this Period

295.00

Transaction ID : SB17.18903

C. ORYSIA DMYTRENKO

Mailing Address 77 HILL ROAD

City	State	Zip Code
GOSHEN	NY	10924

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 31 / 2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.18899

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1795.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. ELAVON MERCHANT SERVICES

Mailing Address 1 CONCOURSE PARKWAY

City	State	Zip Code
ATLANTA	GA	30328

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

3299.28

Transaction ID : SB17.18815

B. FLORINDA ESTRADA

Mailing Address 3401 WHISPERING HILLS DRIVE

City	State	Zip Code
CHESTER	NY	10918

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.18898

C. EXAMINER MEDIA

Mailing Address P.O. BOX 611

City	State	Zip Code
MT. KISCO	NY	10549

Purpose of Disbursement
PRINT ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

1683.00

Transaction ID : SB17.18817

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5782.28

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. EXECUTIVE STAR

Mailing Address 180 E PROSPECT AVE

City	State	Zip Code
MAMARONECK	NY	10543

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 22 / 2014

Amount of Each Disbursement this Period

81059.18

Transaction ID : SB17.18818

B. EXECUTIVE STAR

Mailing Address 180 E PROSPECT AVE

City	State	Zip Code
MAMARONECK	NY	10543

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 24 / 2014

Amount of Each Disbursement this Period

106882.35

Transaction ID : SB17.18819

C. EXECUTIVE STAR

Mailing Address 180 E PROSPECT AVE

City	State	Zip Code
MAMARONECK	NY	10543

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 27 / 2014

Amount of Each Disbursement this Period

49342.61

Transaction ID : SB17.18820

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

237284.14

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. EXECUTIVE STAR

Mailing Address 180 E PROSPECT AVE

City	State	Zip Code
MAMARONECK	NY	10543

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 31 / 2014

Amount of Each Disbursement this Period

54330.42

Transaction ID : SB17.18821

B. EXXON MOBIL

Mailing Address 20 E. MAIN STREET

City	State	Zip Code
WALDEN	NY	12586

Purpose of Disbursement
AMEX 10/20 PAYMENT: TRAVEL: FUEL

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2014

Amount of Each Disbursement this Period

67.91

Transaction ID : SB17.19573

[MEMO ITEM]

C. EXXON MOBIL

Mailing Address 20 E. MAIN STREET

City	State	Zip Code
WALDEN	NY	12586

Purpose of Disbursement
AMEX 10/20 PAYMENT: TRAVEL: FUEL

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 26 / 2014

Amount of Each Disbursement this Period

69.57

Transaction ID : SB17.19584

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

54330.42

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. ROBERT FIOREMailing Address 320 E 23RD ST.
APT 17E

City NEW YORK State NY Zip Code 10010-4716

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
10	28	2014

Amount of Each Disbursement this Period

607.50

Transaction ID : SB17.18873

B. FIVE GUYS

Mailing Address 3121 E MAIN ST

City MOHEGAN LAKE State NY Zip Code 10547

Purpose of Disbursement
AMEX 10/20 PAYMENT: TRAVEL: FOOD

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
09	28	2014

Amount of Each Disbursement this Period

42.43

Transaction ID : SB17.19590

[MEMO ITEM]

C. FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD., #270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
TELEMARKETING & DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
10	20	2014

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.18822

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10607.50

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD., #270

City	State	Zip Code
SAINT PAUL	MN	55128

Purpose of Disbursement
TELEMARKETING & DATA MANAGEMENT SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2014

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.18823

B. FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD., #270

City	State	Zip Code
SAINT PAUL	MN	55128

Purpose of Disbursement
TELEMARKETING & DATA MANAGEMENT SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2014

Amount of Each Disbursement this Period

20000.00

Transaction ID : SB17.18824

C. CONNOR P. GILLIS

Mailing Address 39 1/2 WATKINS AVE.

City	State	Zip Code
MIDDLETOWN	NY	10940

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2014

Amount of Each Disbursement this Period

117.63

Transaction ID : SB17.18813

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

30117.63

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. CONNOR P. GILLIS

Mailing Address 39 1/2 WATKINS AVE.

City	State	Zip Code
MIDDLETOWN	NY	10940

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.18896

B. CONNOR P. GILLIS

Mailing Address 39 1/2 WATKINS AVE.

City	State	Zip Code
MIDDLETOWN	NY	10940

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2014

Amount of Each Disbursement this Period

545.96

Transaction ID : SB17.18814

C. CVS PHARMACY

Mailing Address 720 BROOKSIDE AVENUE

City	State	Zip Code
CHESTER	NY	10918

Purpose of Disbursement
GILLIS REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2014

Amount of Each Disbursement this Period

545.96

Transaction ID : SB17.18814.0

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3045.96

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. CONNOR P. GILLIS

Mailing Address 39 1/2 WATKINS AVE.

City	State	Zip Code
MIDDLETOWN	NY	10940

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.18909

B. ALLISON GONNELLA

Mailing Address P.O. BOX 511

City	State	Zip Code
CHESTER	NY	10918

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

Amount of Each Disbursement this Period

607.50

Transaction ID : SB17.18901

C. NAN HAYWORTH

Mailing Address PO BOX 394

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement
IN-KIND: DELIVERY SERVICES

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: NY District: 18

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2014

Amount of Each Disbursement this Period

16.95

Transaction ID : SB17.18765

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3124.45

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL SERVICE

Mailing Address 245 WESTCHESTER AVE

City	State	Zip Code
PORT CHESTER	NY	10573

Purpose of Disbursement
HAYWORTH IN-KIND: DELIVERY SERVICES

Candidate Name

Office Sought:	House <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate <input type="checkbox"/>	
	President <input type="checkbox"/>	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 16 / 2014

Amount of Each Disbursement this Period

16.95

Transaction ID : SB17.18765.0

[MEMO ITEM]**B. NAN HAYWORTH**

Mailing Address PO BOX 394

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement
IN-KIND: DELIVERY SERVICES

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate <input type="checkbox"/>	
	President <input type="checkbox"/>	

State: NY District: 18

Date of Disbursement

M M / D D / Y Y Y Y
10 / 17 / 2014

Amount of Each Disbursement this Period

16.95

Transaction ID : SB17.18760

C. UNITED STATES POSTAL SERVICE

Mailing Address 245 WESTCHESTER AVE

City	State	Zip Code
PORT CHESTER	NY	10573

Purpose of Disbursement
HAYWORTH IN-KIND: DELIVERY SERVICES

Candidate Name

Office Sought:	House <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate <input type="checkbox"/>	
	President <input type="checkbox"/>	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 17 / 2014

Amount of Each Disbursement this Period

16.95

Transaction ID : SB17.18760.0

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

16.95

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. NAN HAYWORTH

Mailing Address PO BOX 394

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2014

City	State	Zip Code
FISHKILL	NY	12524

Amount of Each Disbursement this Period

240.69

Purpose of Disbursement
IN-KIND: OFFICE SUPPLIESCategory/
Type**Transaction ID : SB17.18763**

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: NY District: 18

Full Name (Last, First, Middle Initial)

B. BJ'S WHOLESALE CLUB

Mailing Address 232 LARKIN DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2014

City	State	Zip Code
MONROE	NY	10950

Amount of Each Disbursement this Period

240.69

Purpose of Disbursement
IN-KIND: OFFICE SUPPLIESCategory/
Type**Transaction ID : SB17.18763.0****[MEMO ITEM]**

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

Full Name (Last, First, Middle Initial)

C. NAN HAYWORTH

Mailing Address PO BOX 394

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

City	State	Zip Code
FISHKILL	NY	12524

Amount of Each Disbursement this Period

16.95

Purpose of Disbursement
IN-KIND: DELIVERY SERVICESCategory/
Type**Transaction ID : SB17.18750**

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
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State: NY District: 18

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

257.64

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL SERVICE

Mailing Address 245 WESTCHESTER AVE

City	State	Zip Code
PORT CHESTER	NY	10573

Purpose of Disbursement
HAYWORTH IN-KIND: DELIVERY SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

16.95

Transaction ID : SB17.18750.0

[MEMO ITEM]**B. NAN HAYWORTH**

Mailing Address PO BOX 394

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement
IN-KIND: DELIVERY SERVICES

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: NY

District: 18

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

Amount of Each Disbursement this Period

16.95

Transaction ID : SB17.18756

C. UNITED STATES POSTAL SERVICE

Mailing Address 245 WESTCHESTER AVE

City	State	Zip Code
PORT CHESTER	NY	10573

Purpose of Disbursement
HAYWORTH IN-KIND: DELIVERY SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

Amount of Each Disbursement this Period

16.95

Transaction ID : SB17.18756.0

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

16.95

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. NAN HAYWORTH

Mailing Address PO BOX 394

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement
IN-KIND: TRAVEL: FUEL

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: NY District: 18

Date of Disbursement

M M / D D / Y Y Y Y
10 / 23 / 2014

Amount of Each Disbursement this Period

37.56

Transaction ID : SB17.18753

B. SHELL OIL

Mailing Address 1208 OREGON ROAD

City	State	Zip Code
CORTLANDT MANOR	NY	10567

Purpose of Disbursement
HAYWORTH IN-KIND: TRAVEL: FUEL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 23 / 2014

Amount of Each Disbursement this Period

37.56

Transaction ID : SB17.18753.0

[MEMO ITEM]

C. NAN HAYWORTH

Mailing Address PO BOX 394

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement
IN-KIND: OFFICE SUPPLIES

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
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State: NY District: 18

Date of Disbursement

M M / D D / Y Y Y Y
10 / 26 / 2014

Amount of Each Disbursement this Period

13.99

Transaction ID : SB17.18744

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

51.55

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 350 N. BEDFORD ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

City	State	Zip Code
MOUNT KISCO	NY	10549

Amount of Each Disbursement this Period

13.99

Purpose of Disbursement
HAYWORTH IN-KIND: OFFICE SUPPLIESCategory/
Type

Transaction ID : SB17.18744.0

[MEMO ITEM]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. NAN HAYWORTH

Mailing Address PO BOX 394

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		26		2014

City	State	Zip Code
FISHKILL	NY	12524

Amount of Each Disbursement this Period

162.87

Purpose of Disbursement
IN-KIND: OFFICE SUPPLIESCategory/
Type

Transaction ID : SB17.18747

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: NY

District: 18

Full Name (Last, First, Middle Initial)

C. AMAZON.COM

Mailing Address 1200 12TH AVENUE, S.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

City	State	Zip Code
Seattle	WA	98108

Amount of Each Disbursement this Period

162.87

Purpose of Disbursement
HAYWORTH IN-KIND: OFFICE SUPPLIESCategory/
Type

Transaction ID : SB17.18747.0

[MEMO ITEM]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

162.87

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. NAN HAYWORTH

Mailing Address PO BOX 394

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement
IN-KIND: TRAVEL: LODGING

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: NY District: 18

Date of Disbursement

M M / D D / Y Y Y Y
10 / 27 / 2014

Amount of Each Disbursement this Period

490.00

Transaction ID : SB17.18779

B. BUDGET MOTOR INN

Mailing Address 215 ROUTE 6

City	State	Zip Code
MAHOPAC	NY	10541

Purpose of Disbursement
HAYWORTH IN-KIND: TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 27 / 2014

Amount of Each Disbursement this Period

490.00

Transaction ID : SB17.18779.0

[MEMO ITEM]

C. NAN HAYWORTH

Mailing Address PO BOX 394

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement
IN-KIND: UTILITIES

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: NY District: 18

Date of Disbursement

M M / D D / Y Y Y Y
10 / 28 / 2014

Amount of Each Disbursement this Period

1172.35

Transaction ID : SB17.18729

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1662.35

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. ORANGE AND ROCKLAND

Mailing Address P.O. BOX 1005

City	State	Zip Code
SPRING VALLEY	NY	10977

Purpose of Disbursement
HAYWORTH IN-KIND: UTILITIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2014

Amount of Each Disbursement this Period

1172.35

Transaction ID : SB17.18729.0

[MEMO ITEM]**B. NAN HAYWORTH**

Mailing Address PO BOX 394

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement
IN-KIND: OFFICE SUPPLIES

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: NY

District: 18

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2014

Amount of Each Disbursement this Period

61.60

Transaction ID : SB17.18741

C. BEST BUY

Mailing Address 2001 SOUTH ROAD

City	State	Zip Code
POUGHKEEPSIE	NY	12601

Purpose of Disbursement
HAYWORTH IN-KIND: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2014

Amount of Each Disbursement this Period

61.60

Transaction ID : SB17.18741.0

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

61.60

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. NAN HAYWORTH

Mailing Address PO BOX 394

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement
IN-KIND: VAN RENTAL

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: NY District: 18

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2014

Amount of Each Disbursement this Period

1923.81

Transaction ID : SB17.18731

B. ENTERPRISE RENT-A-CAR

Mailing Address 6 BATES GATES RD

City	State	Zip Code
NEW HAMPTON	NY	10958

Purpose of Disbursement
HAYWORTH IN-KIND: VAN RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2014

Amount of Each Disbursement this Period

1923.81

Transaction ID : SB17.18731.0

[MEMO ITEM]

C. NAN HAYWORTH

Mailing Address PO BOX 394

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement
IN-KIND: VAN RENTAL

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: NY District: 18

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2014

Amount of Each Disbursement this Period

1971.62

Transaction ID : SB17.18735

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3895.43

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. ENTERPRISE RENT-A-CAR

Mailing Address 6 BATES GATES RD

City	State	Zip Code
NEW HAMPTON	NY	10958

Purpose of Disbursement
HAYWORTH IN-KIND: VAN RENTAL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 29 / 2014

Amount of Each Disbursement this Period

1971.62

Transaction ID : SB17.18735.0

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NAN HAYWORTH

Mailing Address PO BOX 394

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement
IN-KIND: OFFICE SUPPLIES

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: NY District: 18

Date of Disbursement

M M / D D / Y Y Y Y
10 / 29 / 2014

Amount of Each Disbursement this Period

262.39

Transaction ID : SB17.18785

Full Name (Last, First, Middle Initial)

C. BJ'S WHOLESALE CLUB

Mailing Address 232 LARKIN DRIVE

City	State	Zip Code
MONROE	NY	10950

Purpose of Disbursement
IN-KIND: OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 29 / 2014

Amount of Each Disbursement this Period

262.39

Transaction ID : SB17.18785.0

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

262.39

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. NAN HAYWORTH

Mailing Address PO BOX 394

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement
IN-KIND: TRAVEL: FUEL

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: NY

District: 18

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

Amount of Each Disbursement this Period

28.38

Transaction ID : SB17.18783

Category/
Type**B. SHELL OIL**

Mailing Address 1208 OREGON ROAD

City	State	Zip Code
CORTLANDT MANOR	NY	10567

Purpose of Disbursement
HAYWORTH IN-KIND: TRAVEL: FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

Amount of Each Disbursement this Period

28.38

Transaction ID : SB17.18783.0

[MEMO ITEM]

Category/
Type**C. NAN HAYWORTH**

Mailing Address PO BOX 394

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement
IN-KIND: TRAVEL: FUEL

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: NY

District: 18

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2014

Amount of Each Disbursement this Period

43.06

Transaction ID : SB17.18769

Category/
Type**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

71.44

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. SHELL OIL

Mailing Address 1208 OREGON ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2014

City	State	Zip Code
CORTLANDT MANOR	NY	10567

Amount of Each Disbursement this Period

43.06

Purpose of Disbursement
HAYWORTH IN-KIND: TRAVEL: FUELCategory/
Type

Transaction ID : SB17.18769.0

[MEMO ITEM]

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. NAN HAYWORTH

Mailing Address PO BOX 394

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2014

City	State	Zip Code
FISHKILL	NY	12524

Amount of Each Disbursement this Period

30.00

Purpose of Disbursement
IN-KIND: TRAVEL: FUELCategory/
Type

Transaction ID : SB17.18774

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: NY District: 18

Full Name (Last, First, Middle Initial)

C. SHELL OIL

Mailing Address 1208 OREGON ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2014

City	State	Zip Code
CORTLANDT MANOR	NY	10567

Amount of Each Disbursement this Period

30.00

Purpose of Disbursement
HAYWORTH IN-KIND: TRAVEL: FUELCategory/
Type

Transaction ID : SB17.18774.0

[MEMO ITEM]

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

30.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. NAN HAYWORTH

Mailing Address PO BOX 394

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement
IN-KIND: TRAVEL: FUEL

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: NY District: 18

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

33.08

Transaction ID : SB17.18772

Category/
Type

Full Name (Last, First, Middle Initial)

B. SHELL OIL

Mailing Address 1208 OREGON ROAD

City	State	Zip Code
CORTLANDT MANOR	NY	10567

Purpose of Disbursement
HAYWORTH IN-KIND: TRAVEL: FUEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

33.08

Transaction ID : SB17.18772.0

[MEMO ITEM]

Category/
Type

Full Name (Last, First, Middle Initial)

C. HUDSON VALLEY NEWS

Mailing Address P.O. BOX 268

City	State	Zip Code
HYDE PARK	NY	12538

Purpose of Disbursement
PRINT ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.18828

Category/
Type**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

433.08

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. HUDSON VALLEY PRESS

Mailing Address P.O. BOX 2160

City	State	Zip Code
NEWBURGH	NY	12550

Purpose of Disbursement
PRINT ADVERTISING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 24 / 2014

Amount of Each Disbursement this Period

650.00

Transaction ID : SB17.18830

B. ICAMPAIGN LLC

Mailing Address 2 GOLDWIN ST

City	State	Zip Code
RYE	NY	10580

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 18 / 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.18831

C. IDS CONSULTING GROUP, INC.

Mailing Address 83 CRANBERRY DRIVE

City	State	Zip Code
HOPEWELL JUNCTION	NY	12533

Purpose of Disbursement
TECHNOLOGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 19 / 2014

Amount of Each Disbursement this Period

1900.00

Transaction ID : SB17.18833

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3550.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. INTERSTATE WASTE SERVICES

Mailing Address 89 BLACK MEADOW RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2014

City	State	Zip Code
CHESTER	NY	10918

Amount of Each Disbursement this Period

417750.32

Purpose of Disbursement
CLEANING SERVICESCategory/
Type

Transaction ID : SB17.18834

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. JAMESTOWN ASSOCIATESMailing Address 5 MAPLETON ROAD
SUITE 300

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2014

City	State	Zip Code
PRINCETON	NJ	08540

Amount of Each Disbursement this Period

339476.00

Purpose of Disbursement
PLACED MEDIACategory/
Type

Transaction ID : SB17.18835

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. JAMESTOWN ASSOCIATESMailing Address 5 MAPLETON ROAD
SUITE 300

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2014

City	State	Zip Code
PRINCETON	NJ	08540

Amount of Each Disbursement this Period

78120.00

Purpose of Disbursement
PLACED MEDIACategory/
Type

Transaction ID : SB17.18836

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

417750.32

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. KOBU ASIAN BISTRO

Mailing Address 903 S LAKE BLVD

City	State	Zip Code
MAHOPAC	NY	10541

Purpose of Disbursement
AMEX 10/20 PAYMENT: TRAVEL: FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 23 / 2014

Amount of Each Disbursement this Period

21.29

Transaction ID : SB17.19582

[MEMO ITEM]**B. KOBU ASIAN BISTRO**

Mailing Address 903 S LAKE BLVD

City	State	Zip Code
MAHOPAC	NY	10541

Purpose of Disbursement
AMEX 10/20 PAYMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2014

Amount of Each Disbursement this Period

42.75

Transaction ID : SB17.19592

[MEMO ITEM]**C. MAJORITY STRATEGIES**

Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City	State	Zip Code
PONTE VEDRA BEACH	FL	32082

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 20 / 2014

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB17.18849

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. MAJORITY STRATEGIES

Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City	State	Zip Code
PONTE VEDRA BEACH	FL	32082

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 31 / 2014

Amount of Each Disbursement this Period

9000.00

Transaction ID : SB17.18850

B. SAMANTHA MENH

Mailing Address 4329 LELAND ST.

City	State	Zip Code
CHEVY CHASE	MD	20815

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 21 / 2014

Amount of Each Disbursement this Period

1080.21

Transaction ID : SB17.18875

C. MMF GROUP

Mailing Address 91 CARMAN AVE

City	State	Zip Code
CEDARHURST	NY	11516

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 16 / 2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.18854

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12080.21

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. MMF GROUP

Mailing Address 91 CARMAN AVE

City	State	Zip Code
CEDARHURST	NY	11516

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 24 / 2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.18855

B. KIMBERLY MORELLA

Mailing Address P.O. BOX 155

City	State	Zip Code
REDFORD HILLS	NY	10507

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 16 / 2014

Amount of Each Disbursement this Period

28.02

Transaction ID : SB17.18847

C. KIMBERLY MORELLA

Mailing Address P.O. BOX 155

City	State	Zip Code
REDFORD HILLS	NY	10507

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 29 / 2014

Amount of Each Disbursement this Period

112.76

Transaction ID : SB17.18848

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2140.78

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. NEWS OF THE HIGHLANDS

Mailing Address P.O. BOX 518

City	State	Zip Code
CORNWALL	NY	12518

Purpose of Disbursement
PRINT ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

433.90

Transaction ID : SB17.18857

B. PALACIO

Mailing Address 1700 ROUTE 17M

City	State	Zip Code
GOSHEN	NY	10924

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2014

Amount of Each Disbursement this Period

1356.25

Transaction ID : SB17.18862

C. PAYCHEX

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement
PAYROLL SERVICE/TAXES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

Amount of Each Disbursement this Period

1201.33

Transaction ID : SB17.18863

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2991.48

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. PAYCHEX

Mailing Address 300 WESTAGE BUS. CENTER, STE 130

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement
PAYROLL SERVICE/TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 14 / 2014

Amount of Each Disbursement this Period

798.10

Transaction ID : SB17.18864

B. PUBLIC OPINION STRATEGIES, LLC

Mailing Address 214 NORTH FAYETTE STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
POLLING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 24 / 2014

Amount of Each Disbursement this Period

11000.00

Transaction ID : SB17.18869

C. PUBLIC OPINION STRATEGIES, LLC

Mailing Address 214 NORTH FAYETTE STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
POLLING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 27 / 2014

Amount of Each Disbursement this Period

41500.00

Transaction ID : SB17.18870

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

53298.10

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONS

Mailing Address 500 CUMMINGS CENTER SUITE 4400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2014

City	State	Zip Code
BEVERLY	MA	01915

Amount of Each Disbursement this Period

263.11

Purpose of Disbursement
DATA MANAGEMENT SERVICESCategory/
Type

Transaction ID : SB17.18871

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. SHELL OIL

Mailing Address 1208 OREGON ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2014

City	State	Zip Code
CORTLANDT MANOR	NY	10567

Amount of Each Disbursement this Period

63.54

Purpose of Disbursement
AMEX 10/20 PAYMENT: TRAVEL: FUELCategory/
Type

Transaction ID : SB17.19583

[MEMO ITEM]

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. TACO BELL

Mailing Address 85 BROOKSIDE AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2014

City	State	Zip Code
CHESTER	NY	10918

Amount of Each Disbursement this Period

15.31

Purpose of Disbursement
AMEX 10/20 PAYMENT: TRAVEL: FOODCategory/
Type

Transaction ID : SB17.19580

[MEMO ITEM]

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

263.11

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. JAVIER TAPIA

Mailing Address 10 PINEWOOD DR.

City	State	Zip Code
GLENVILLE	NY	12302

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2014

Amount of Each Disbursement this Period

72.30

Transaction ID : SB17.18894

B. THE MILLBROOK INDEPENDENT

Mailing Address P.O. BOX 1210

City	State	Zip Code
MILLBROOK	NY	12545

Purpose of Disbursement
PRINT ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2014

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.18879

C. THE PUTNAM COUNTY COURIER, LLCMailing Address ATTN: CAROL
144 MAIN ST.

City	State	Zip Code
COLD SPRING	NY	10516

Purpose of Disbursement
PRINT ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

1041.00

Transaction ID : SB17.18881

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1463.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. THE PUTNAM COUNTY NEWS & RECORDER, LLCMailing Address ATTN: CAROL
144 MAIN ST.City State Zip Code
COLD SPRING NY 10516Purpose of Disbursement
PRINT ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

978.00

Transaction ID : SB17.18883

B. THE RECORD REVIEWMailing Address ATTN: FRANCESCA LYNCH
P.O. BOX 455City State Zip Code
BEDFORD HILLS NY 10589Purpose of Disbursement
PRINT ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

788.44

Transaction ID : SB17.18885

C. THE RIVER GRILL

Mailing Address 40 FRONT ST

City State Zip Code
NEWBURGH NY 12550Purpose of Disbursement
AMEX 10/20 PAYMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		20		2014

Amount of Each Disbursement this Period

36.27

Transaction ID : SB17.19578

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1766.44

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. TRUST U/L/W/T/O ANDREW PALMER

Mailing Address P.O. BOX 489

City	State	Zip Code
CHESTER	NY	10918

Purpose of Disbursement
RENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.18889

B. VERIZON

Mailing Address P. O. BOX 15124

City	State	Zip Code
ALBANY	NY	12212

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2014

Amount of Each Disbursement this Period

417.78

Transaction ID : SB17.18890

C. VERIZON WIRELESS

Mailing Address P.O. BOX 4003

City	State	Zip Code
ACWORTH	GA	30101

Purpose of Disbursement
AMEX 10/20 PAYMENT: MOBILE PHONE EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		17		2014

Amount of Each Disbursement this Period

32.44

Transaction ID : SB17.19576

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1417.78

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. WAL-MART

Mailing Address 3133 EAST MAIN ST

City	State	Zip Code
MOHEGAN LAKE	NY	10547

Purpose of Disbursement
AMEX 10/20 PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		28		2014

Amount of Each Disbursement this Period

178.13

Transaction ID : SB17.19588

[MEMO ITEM]**B. WAL-MART**

Mailing Address 3133 EAST MAIN ST

City	State	Zip Code
MOHEGAN LAKE	NY	10547

Purpose of Disbursement
AMEX 10/20 PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

188.43

Transaction ID : SB17.19593

[MEMO ITEM]**C. WAL-MART**

Mailing Address 3133 EAST MAIN ST

City	State	Zip Code
MOHEGAN LAKE	NY	10547

Purpose of Disbursement
AMEX 10/20 PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

416.13

Transaction ID : SB17.19594

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

--

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. WARWICK VALLEY DISPATCHMailing Address ATTN: LON TYTELL
P.O. BOX 594

City WARWICK State NY Zip Code 10990

Purpose of Disbursement
PRINT ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.18892

B. WILEY REIN, LLP

Mailing Address 1776 K STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2014

Amount of Each Disbursement this Period

2420.00

Transaction ID : SB17.18893

C. MICHELLE WOJTOWICZ

Mailing Address P.O. BOX 511

City CHESTER State NY Zip Code 10918

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

Amount of Each Disbursement this Period

420.00

Transaction ID : SB17.18905

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3140.00

1450023.01

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. MR. MARTIN J. BIENENSTOCK

Mailing Address 514 MT. HOLLY RD.

City	State	Zip Code
KATONAH	NY	10536-2405

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
11 / 01 / 2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB20A.18851

B. STEVEN DAVIS

Mailing Address 64 WEST SHORE DR

City	State	Zip Code
PUTNAM VALLEY	NY	10579

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
11 / 01 / 2014

Amount of Each Disbursement this Period

3300.00

Transaction ID : SB20A.18877

C. KEEPING AMERICA COMPETITIVE

Mailing Address 4 OLD ROUND HILL LANE

City	State	Zip Code
GREENWICH	CT	06831

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
11 / 01 / 2014

Amount of Each Disbursement this Period

2400.00

Transaction ID : SB20A.18844

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6100.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. STEPHEN J. LEHRMAN

Mailing Address 100 UPPER LAKE SHORE DRIVE

City	State	Zip Code
KATONAH	NY	10536

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2014

Amount of Each Disbursement this Period

1035.00

Transaction ID : SB20A.18876

B. GEORGE A. LONG

Mailing Address 14 LOWER SHAD ROAD

City	State	Zip Code
POUND RIDGE	NY	10576

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2014

Amount of Each Disbursement this Period

1400.00

Transaction ID : SB20A.18825

C. ANDREW MILLER JR.

Mailing Address 30 BURTON HILLS BLVD.

City	State	Zip Code
NASHVILLE	TN	37215

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

5100.00

Transaction ID : SB20A.18792

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7535.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. APRIL POWERS

Mailing Address 630 N. WYMORE RD

City	State	Zip Code
MAITLAND	FL	32751

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 03 / 2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB20A.18794

B. KEVIN POWERS

Mailing Address 630 N WYMORE RD

City	State	Zip Code
MAITLAND	FL	32751

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 03 / 2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB20A.18846

C. JUDY STEINHARDT

Mailing Address 428 CROTON LAKE RD

City	State	Zip Code
MOUNT KISCO	NY	10549

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 01 / 2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB20A.18843

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

Full Name (Last, First, Middle Initial)

A. MICHAEL H. STEINHARDTMailing Address 712 5TH AVENUE
FLOOR 34

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2014

Amount of Each Disbursement this Period

700.00

Transaction ID : SB20A.18852

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

700.00

21835.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 146 OF 157

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5177

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

NAN HAYWORTH

[PERSONAL FUNDS]

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

110000.00

Cumulative Payment To Date

48000.00

Balance Outstanding at Close of This Period

62000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 26 / 2009

Date Due

M M / D D / Y Y Y Y
DUE ON DEMAND

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

62000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 147 OF 157

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5180

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

NAN HAYWORTH

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

40000.00

0.00

40000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
09 30 / 2009

M M / D D / Y Y Y Y

D D / Y Y Y Y

DUE ON
DEMAND

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

40000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 148 OF 157

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5181

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

NAN HAYWORTH

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 / 31 / 2009

Date Due

M M / D D / Y Y Y Y
DUE ON DEMAND

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5183

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

NAN HAYWORTH

[PERSONAL FUNDS]

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

150000.00

Cumulative Payment To Date

15500.00

Balance Outstanding at Close of This Period

134500.00

TERMS

Date Incurred

M 03 / D 31 / Y 2010

Date Due

M M / D D / Y DUE ON DEMAND

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

134500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5184

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

NAN HAYWORTH

[PERSONAL FUNDS]

Election: 2010

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 30 / 2010

Date Due

M M / D D / Y Y Y Y
DUE ON DEMAND

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4731

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

NAN HAYWORTH

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 29 / 2012

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4782

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

NAN HAYWORTH

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

10033.45

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10033.45

TERMS

Date Incurred

M M / D D / Y Y
12 / 18 / 2012

Date Due

M M / D D / Y Y
ON DEMAND

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10033.45

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4783

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

NAN HAYWORTH

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

63500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

63500.00

TERMS

Date Incurred

M M / D D / Y Y
12 21 / 2012

Date Due

M M / D D / Y Y
DUE ON DEMAND

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

63500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5187

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

NAN HAYWORTH

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y
04 / 22 / 2013M M / D D / Y Y
/ / /D D / Y Y
/ / /DUE ON
DEMAND

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.14516

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

NAN HAYWORTH

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

8527.39

0.00

8527.39

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
09 / 30 / 2013

M M / D D / Y Y Y Y

D D / Y Y Y Y

DUE ON
DEMAND

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

8527.39

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.16432

FRIENDS OF NAN HAYWORTH

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

NAN HAYWORTH

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 394

City

State

ZIP Code

FISHKILL

NY

12524

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500000.00

0.00

500000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
06 / 30 / 2014

M M / D D / Y Y Y Y

D D / Y Y Y Y

DUE ON
DEMAND

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500000.00

TOTALS This Period (last page in this line only)..... ►

1168560.84

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

FRIENDS OF NAN HAYWORTH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAMPAIGN SOLUTIONSNature of Debt (Purpose):
DIGITAL CONSULTING

Mailing Address 117 NORTH SAINT ASAPH STREET

City State

Zip Code

ALEXANDRIA

VA

22314

Outstanding Balance Beginning This Period

1758.64

Transaction ID : SD10.16433

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1758.64

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

1758.64

2) **TOTALS** This Period (last page this line number only)

1758.64

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

1168560.84

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

1170319.48